

FEE AGREEMENT

The Claimant, John C. Magee, hereby appoints Occudata, Inc. (Representative) and its undersigned representatives to serve as his representative for his claim(s) for Social Security disability benefits and Supplemental Security Income benefits. Claimant and Representative understand that for a fee to be payable, the Social Security Administration (SSA) must approve any fee Representative charges or collects from Claimant for services Representative provides in proceedings before SSA in connection with Claimant's claim(s) for benefits.

The parties agree that if SSA favorably decides the claim(s), Claimant will pay Representative a fee equal to the lesser of 25 percent of the past-due benefits resulting from Claimant's claim(s) or \$5,300.00. In no event will a fee be charged if Representative is not able to obtain a successful result for the Claimant.

The parties hereto understand that Social Security past-due benefits are the total amount of money to which Claimant [and any auxiliary beneficiary(ies)] becomes entitled through the month before the month SSA effectuates a favorable administrative determination or decision on the Social Security claim and that Supplemental Security Income (SSI) past-due benefits are the total amount of money for which Claimant becomes eligible through the month SSA effectuates a favorable administrative determination or decision on the SSI claim. The parties further understand that the fee for both claim(s) may not exceed the lesser of 25 percent of the combined past-due benefits or \$5,300.00.

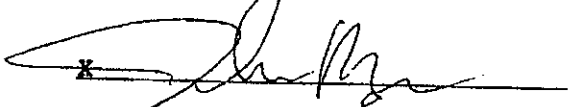
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This agreement covers services by Representative to Claimant through the Appeals Council level of adjudication. If it becomes necessary to appeal this case to the Federal District Court system, a new fee agreement will be executed at that time.

The parties have executed duplicate originals of this agreement and each of the parties has retained one of said originals.

Dated this 9 day of December, 2004.

CLAIMANT



John C. Magee  
SSN: 088-54-4213

REPRESENTATIVE

OCCUDATA, INC.

by: 

Sean C. Owen, Esq.

\_\_\_\_\_  
Representative\_\_\_\_\_  
Representative\_\_\_\_\_  
Representative

041126018779

Metropolitan Life Insurance Company

**MetLife®**

MetLife Disability  
PO Box 14590  
Lexington, KY 40511

November 22, 2004

JOHN MAGEE  
71 ONTARIO ST  
HONEOYE FALLS, NY 14472-1123

Re: Long Term Disability  
Claim No.: 640407128904  
Group No: 303299

Dear Mr. Magee,

This letter is in reference to your claim for Long Term Disability benefits.

If you have filed for Social Security Disability Income (SSDI) benefits, please submit a copy of your completed denial or award letter for our records.

Thank you for your cooperation in this matter.

Sincerely,

Peter Knoth  
Case Management Specialist  
Met DisAbility  
1-800-300-4296

ML0376

**FOR YOUR INFORMATION**

To: **MetLife**  
Fax number: +1 (800) 2309531

From: **John C. Magee**  
Fax number:  
Home phone: (585) 624-9306  
Business phone:

Date & Time: 1/24/2000 6:49:21 PM  
Pages sent: 5  
Re: SSA Denial

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Metlife Claim # 640407128904

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71 Ontario St  
Honeoye Falls, NY 14472

ML0377

**Met Life Claim #: 640407128904**

**Social Security Administration  
Retirement, Survivors and Disability Insurance  
Notice of Disapproved Claim**

JOHN C MAGEE JR  
71 ONTARIO ST  
HONEOYE FALLS, NY 14472

Date: NOV 12 2004

Claim Number: 088-54-4213

We are writing about your claim for Social Security disability benefits. Based on a review of your health problems you do not qualify for benefits on this claim. This is because you are not disabled under our rules.

**The Decision on your Case**

We've enclosed a page that gives you more details on how we made the decision on your claim.

**About the Decision**

The trained staff who decided this case work for the State but used our rules.

Please remember that there are many types of disability programs, both government and private, which use different rules. A person may be receiving benefits under another program and still not be entitled under our rules. This may be true in your case.

**The Disability Rules**

You must meet certain rules to qualify for disabled worker's Social Security benefits. You must have the required work credits and your health problems must:

- keep you from doing any kind of substantial work (described below), and
- last, or be expected to last, for at least 12 months in a row, or result in death.

**Information About Substantial Work**

Generally, substantial work is physical or mental work a person is paid to do. Work can be substantial even if it is part-time. To decide if a person's work is substantial, we consider the nature of the job duties, the skills and experience needed to do the job, and how much the person actually earns.

Usually, we find that work is substantial if gross earnings average over \$810 per month after we deduct allowable amounts. This monthly amount is higher for Social Security disability benefits due to blindness.

**See Next Page**

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A person's work may be different than before his/her health problems began. It may not be as hard to do and the pay may be less. However, we may still find that the work is substantial under our rules.

If a person is self-employed, we consider the kind and value of his/her work, including his/her part in the management of the business, as well as income, to decide if the work is substantial.

#### **Other Benefits**

Based on the applications you filed you are not entitled to any other benefits besides those you may already be getting. In the future, if you think you may be entitled to benefits, you will need to file again.

#### **If You Disagree With The Decision**

If you disagree with this decision, you have the right to request a hearing. A person who has not seen your case before will look at it.

- You have 60 days to ask for a hearing.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for a hearing.
- You have to ask for a hearing in writing. We will ask you to sign a form HA-SO 1-US, called "Request for Hearing". Contact one of our offices if you want help.

#### **How The Hearing Process Works**

After we send your case for a hearing, an Administrative Law Judge (AU) will mail you a letter at least 20 days before the hearing to tell you its date, time and place. The letter will explain the law in your case and tell you what has to be decided. Since the AU will review all the facts in your case, it is important that you give us any new facts as soon as you can.

The hearing is your chance to tell the AU why you disagree with the decision in your case. You can give the AU new evidence and bring people to testify for you. The AU also can require people to bring important papers to your hearing and give facts about your case. You can question these people at your hearing.

Please read the enclosed information, "Your Right to Question the Decision Made on Your Claim". It has more information about the hearing.

#### **It Is Important To Go To The Hearing**

It is very important that you go to the hearing. If for any reason you can't go, contact the AU as soon as possible before the hearing and explain why. The AU will reschedule the hearing if you have a good reason. If you don't go to the hearing and don't have a good reason for not going, the AU may dismiss your request for a hearing.

**See Next Page**

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### **New Application**

You have the right to file a new application at any time, but filing a new application is not the same as appealing a decision. If you disagree with this decision and you file a new application instead of appealing:

- you might lose some benefits, or not qualify for any benefits, and
- we could deny the new application using this decision, if the facts and issues are the same.

So, if you disagree with this decision, you should ask for an appeal within 60 days.

### **If You Want Help With Your Appeal**

You can have a friend, lawyer, or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due Social Security benefits to pay toward the fee.

### **Family Benefits**

If you have a spouse or child we cannot pay them benefits unless you are entitled to Social Security benefits.

### **If You Have Any Questions**

If you have any questions, call us toll-free at 1-800-772-1213 or call your local Social Security office at (585)232-3890. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

DISTRICT OFFICE 108  
100 STATE ST  
ROCHESTER, NY 14614

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Beatrice M. Disman  
Regional Commissioner  
Social Security Administration

Enclosure:

Explanation of Determination

Your Right To Question the Decision Made on Your Claim

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SSA-L443(DIB-pro)

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Social Security Administration

## EXPLANATION OF DETERMINATION

Name of Claimant Claim	NH's Name (if CDB or DWB Claim)	SSN	Type of
JOHN C MAGEE JR		088-54-4213	II

The determination on your claim was made by a State agency based on Social Security law and regulation. It was NOT made by your own doctor or by other people or agencies providing reports about your condition. Any reports given us, however, were used in making this decision.

The State agency that decided your claim had the following: DAVID BELL MD, report of 08/13/04, CAROLINE CERAME CSW, report of 08/12/04, ALICE TARIOT MD for the period of 02/05/04-04/19/04, STRONG MEMORIAL HOSPITAL for the period of 01/30/03-04/15/03 and INDUSTRIAL MEDICINE ASSOC, PC, examination report of 10/22/04.

The opinion provided by your treating source has been considered in this decision.

We have determined that your condition is not severe enough to keep you from working. We considered the medical and other information, your age, education, training, and work experience in determining how your condition affects your ability to work.

You said you were disabled because of fatigue ; orthostatic intolerance ; depression. The medical evidence shows that you have had pain and stiffness with some restriction of your activities. The reports did not show any other conditions of a nature that would prevent you from working. We realize that at present you are unable to perform certain kinds of work. But based on your age of 44 years, education of 16 years, and your experience, you can perform light work (for example, you could lift a maximum of 20 lbs., with frequent lifting or carrying of objects weighing up to 10 lbs., or walk or stand for much of the working day), a job in which you would not have to drive or operate machinery, and would not be exposed to dangerous conditions and a job in which you would have simple tasks.

If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

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11/10/2004

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Metropolitan Life Insurance Company  
PO Box 14590, Lexington, KY 40511-4590  
Tel 800 243-8788 Fax 800 230-9531

**MetLife®**

11/15/04



JOHN MAGEE  
71 ONTARIO ST  
HONEOYE FALLS, NY 14472

Claim #: 640407128904  
Employer: ITT INDUSTRIES  
Phone: 5856249306

Dear JOHN MAGEE

Our records indicate that you are **not receiving** Social Security Disability Insurance benefits. You may be eligible for these benefits since you have been out of work due to medical reasons. Failing to apply for Social Security benefits can cause your long-term disability benefits to be reduced, or withdrawn, if your plan requires that you apply for them.

**There are also several advantages for you if you are approved for Social Security Disability Insurance benefits:**

- ❖ If you return to work after being approved for Social Security Disability Insurance benefits, **your benefits can continue up to 12 months** during a trial work period.
- ❖ Your Social Security Disability Insurance benefits **will increase** to reflect rises in the cost of living.
- ❖ Regardless of your age, **you will become eligible for Medicare coverage** 24 consecutive months after your Social Security Disability Insurance benefits begin.
- ❖ Your Social Security Retirement benefits **are protected from being reduced** if you are approved for Social Security Disability Insurance benefits.

**How to Apply for Social Security Disability Insurance Benefits**

**Your Obligation to Appeal Denials**

Your plan may state that a participant who is eligible to apply for Social Security Disability Insurance benefits **must** do so. If your claim for Social Security Disability Insurance benefits is denied, this means you continue the process and **appeal** the denial all the way through the Administrative Law Judge hearing level.

**Your Right to Legal Representation**

It is also your right to be represented by a qualified person familiar with the process of working with the Social Security Administration. Statistics show that 62% of claims are denied at the initial level. However, statistics provided by the Social Security Administration show that upon appeal, 64% of the people represented by an attorney at the hearing level received favorable decisions.

**Since it is an advantage to you to receive Social Security Disability Insurance benefits, we strongly recommend that you contact the firm of Occudata Inc. at 1-800-444-8185.**

This firm specializes in obtaining Social Security Disability Insurance benefits for claimants and can discuss with you how they can help. Please tell the attorney you currently have a disability benefit claim being handled by MetLife. **There is no charge for this consultation.** This firm will be working only for you in obtaining Social Security Disability Insurance benefits and is **not** retained or employed by MetLife.

Please contact us once you have contacted the firm, or if you are already represented or will be represented by another attorney, regarding your Social Security Disability Insurance benefits claim.

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## Filing for Your Social Security Benefits Directly

Your decision to use an attorney representative is optional. If you decide not to use an attorney representative at this time, you can contact Social Security at 1-800-772-1213, between the hours of 7 a.m. and 7 p.m. to make an appointment to file your application. You must provide us with a copy of all documents received from Social Security regarding your application. You must include the notice or receipt from Social Security that your application was received and notices of its approval or denial decisions. A copy of your application receipt should be received in our office by 12/15/04 if you have not sent it in already.

As a service to our customers, we will assist you with your Social Security filing. In a separate mailing, we sent you an "Authorization To Refer Me To A Law Firm For Assistance In Pursuing Social Security Disability Insurance Benefits" form for you to complete and return to MetLife. Our records show that MetLife has received this form from you. Occudata Inc. will be contacting you soon.

## What Are Social Security Benefits and How Much Will I Receive?

### Retroactive Awards and Overpayments

Under the ITT INDUSTRIES plan, Social Security Disability Insurance benefits are considered "other income" and are an offset to your long-term disability benefit.<sup>1</sup>

Your long-term disability benefit will be reduced by the amount of primary (and dependent, if applicable) Social Security Disability Insurance benefits you receive. If your claim for Social Security Disability Insurance benefits is approved, it may result in an **overpayment** due to the receipt of a **retroactive award**. The retroactive award is an initial lump sum payment equal to all of the past due benefits. The lump sum payment you may receive should be used to reimburse the company plan in the amount of the overpayment. Retroactive and future Social Security benefits are likely to be considered taxable income. We suggest you contact your tax advisor to discuss the tax implications when you are awarded Social Security Benefits.

The overpayment is a result of your Social Security Disability Insurance benefits being awarded retroactively. The Social Security approved attorney's fee, which is limited by Social Security law, will be deducted from the lump sum Social Security Disability Insurance benefits award and will not be used to further reduce your long-term disability benefit.<sup>2</sup> The attorney fee credit will be applied upon receipt of notification concerning the Social Security approved attorney.

**It is important that you understand that if you fail to apply for Social Security Disability Insurance benefits, or fail to pursue all appeals as noted, your long-term disability benefit may be reduced or withdrawn.** The reduction of benefits would be an estimate of the amount of Social Security Disability Insurance benefits that would be owed to you, if your plan requires you to apply for Social Security Disability Insurance benefits.

If you have questions, please call Occudata Inc. at 1-800-444-8185.

Sincerely,



Ed Herrin  
Social Security Specialist  
1-800-300-4296 x2351

cc: Occudata Inc.

<sup>1</sup> Cost of living adjustments to Social Security Disability Insurance benefits are not an offset to your long term disability benefit unless indicated otherwise by your plan.

<sup>2</sup> The attorney fee credit is limited to the lesser of the overpayment amount or the authorized attorney's fee.

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Physician Consultant Review

Reviewer: Amy Hopkins, MD, MPH, PhD Date: 11/5/04

Claim #: 640407128904 DOB: 12/7/59

Name: John Magee DDC: 11/27/03

Ref. Source: Kathryn Snell Own Occ/Any Occ: any

Occupation: program assurance mgr Work Level: n/a

Diagnosis: chronic fatigue syndrome (CFS), depression

Issue(s): impairment

History

Dr. Bell (pediatrics) evaluated EE on 9/18/00 for possible CFS. EE reported the onset of restless legs, lower extremity achiness, paresthesias, and fatigue in 4/95, w/ gradual worsening. EE reported depression which started six months after his sx which he felt was separate from his sx. The dx of CFS was made within the past year. EE reported that his depression had resolved. EE was able to work, but had almost no activity outside of work. EE reported bad days about 4 times per month. EE's worst sx were headaches, fatigue, and body pain. EE was on Celebrex and Celexa. EE had glaucoma. EE had several back surgeries. EE reported recurrent sore throats at least three times per month. EE reported eye pain and light sensitivity which his eye physician said was not due to the glaucoma. EE reported nausea and light-headedness with certain odors. EE reported abdominal discomfort and nausea. EE reported very severe muscle pain, along w/ weakness, stiffness, and recurrent backache. EE had a muscle biopsy. EE reported joint pain, morning stiffness, and daily headaches. EE reported prominent cognitive sx. EE reported balance disturbance. EE reported unrefreshing sleep. EE reported night sweats. EE had several consultations by neurologists without specific diagnosis. An MRI of the spine was said to be WNL. Labwork was unremarkable. On exam, EE was in no acute distress, had no cognitive dysfunction, and did not appear depressed. EE was obese. There was no adenopathy. Muscle strength was WNL. Romberg was WNL. EE had difficulty w/ tandem stance, but was able to maintain it. His impression was restless leg syndrome, glaucoma s/p back surgery, shellfish allergy, and chronic fatigue syndrome. His OVN of 5/1/03 stated that EE reported worsening, feeling very sore, and being unable to work. On exam, EE appeared depressed. The exam was otherwise WNL. He started EE on Percocet and nortriptyline. His OVN of 5/22/03 stated that EE's insomnia was better. EE was using about three Percocet per week. On exam, EE "looks OK". He increased the nortriptyline. His OVN of 6/18/03 stated that EE reported feeling very ill. EE was hospitalized for a suicide attempt. He stated that EE had "orthostatic hypotension by rheumatologist". The exam was WNL. He stopped the nortriptyline. His impression was chronic pain/CFS secondary to depression. He wrote a letter 6/23/03 which stated that the worsening of activity restriction and pain related to chronic fatigue was one of the things which was clearly worsening his depression, though this had been debated. EE had not had any response to medications. He mentioned a "circulating blood volume test" and that he was going to treat EE w/ "volume expansion". He felt that EE was unable to work. His OVN of 7/7/03 stated that EE had abnormal orthostatic testing. He stated that an echocardiogram showed borderline left ventricular hypertrophy. His OVN of 8/11/03 stated that EE's activity had improved slightly

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Page 1 of 3

Independent Physician Consultant Review for MetLife Disability

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after intravenous fluids and return to work. Another OVN dated 8/11/03 stated that EE had a psychotherapist who felt that EE needed increased pain medications because his pain was "clearly out of control". Dr. Kates, EE's PCP, felt that this was "entirely a psychosomatic problem", that EE should not have any pain medication, and that EE needed to confront his problems. EE continued to report severe pain. EE was still extremely depressed. He started EE on clonazepam. A telephone note stated that EE had developed phlebitis, which appears to have been related to his PICC line in place to deliver IV saline. His OVN of 10/24/03 stated that EE reported worse pain. The exam was WNL. The OVN of 12/12/03 stated that EE had severe depression. The OVN of 1/26/04 stated that EE had not worked since the last visit. EE reported that he was unable to get out of bed. EE was depressed and was observed to walk w/ difficulty. He wrote a letter 2/2/04 which stated that EE reported being confined to bed for many days at a time. He felt that EE's depression was secondary to his medical condition. His OVN of 2/25/04 stated that EE was overall about the same. EE was fired from work. His PICC line was out. The exam was WNL. He wrote a letter 3/1/04 which stated that EE reported problems w/ cognitive function. EE reported marked activity limitation, severe fatigue, exhaustion, post-exertional malaise, muscle pain, joint pain, unrefreshing sleep, and headache. EE continued to be depressed, which he felt was secondary to his "biologic illness". He felt that EE was TD w/ a poor prognosis for recovery. He wrote a letter 3/12/04 which stated that EE had no primary psychiatric disturbance and no hint of malingering, hypochondriasis, or falsification of data. His OVN of 5/18/04 stated that EE had poor activity and post-exertional malaise. EE had no significant benefit on IV fluids. His OVN of 7/13/04 stated that EE's depression was about the same. EE was taking Vicodin daily. The exam was WNL. His OVN of 8/31/04 stated that EE was taking "transfer factor" for one month. The exam was WNL. He filled out an APS 9/1/04 which gave a list of physical restrictions. He checked off that he could not determine if EE was disabled from his own or any occupation.

Orthostatic testing on 7/1/03 was positive once. Orthostatic testing on another undated sheet was negative.

#### Comment

The claimant went OOW due to "chronic fatigue syndrome", a collection of sx with no known pathophysiological basis. All physical exams have been WNL other than for obesity and orthostatic hypotension on one occasion. Dr. Bell did not document any indication that EE's medications might have caused the orthostatic hypotension, a common side-effect. EE did not document any ongoing sx of orthostatic hypotension. No orthostatic hypotension was documented past 7/1/03, so no ongoing impairment due to this was documented. Dr. Bell feels that EE is disabled due to his self-reported fatigue, but did not provide any objective basis for his opinion. EE's PCP apparently felt that EE's condition was psychosomatic, so this possibility was raised. EE has severe depression and attempted suicide, but Dr. Bell feels that this is secondary to EE's "biologic illness", even though no actual physically-based disease process was identified. It has been well-documented in the literature that many people with depression are unaware of their depression or deny it, so EE's denying he was depressed prior to the onset of his physical sx does not necessarily mean that he was not actually depressed, one of the most common causes of "chronic fatigue syndrome". EE also identified sleep disturbances. Lack of sleep can certainly cause most or all of EE's sx, yet there was no evidence in this file that he had ever been referred for a sleep evaluation,

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Page 2 of 3

Independent Physician Consultant Review for MetLife Disability

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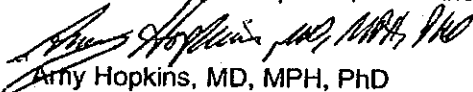
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including polysomnogram, which might have identified a treatable cause for EE's fatigue. Dr. Bell treated EE w/ IV fluid for alleged volume depletion, but this is not a widely accepted diagnosis nor treatment. No barrier to EE's ability to take in fluids by mouth was documented, so he could have accomplished the same thing by drinking more water as by having IV fluids administered, which opened him up to potential complications, such as the phlebitis he reportedly had. The administration of IV fluids will also just generally result in higher urinary output unless an individual is rapidly losing fluids to the point where they cannot be replaced by mouth, such as in hemorrhaging, severe vomiting, or severe diarrhea. EE reports severe pain, but there was no physiological basis for his pain identified. Despite the lack of any objective sources for EE's pain by examinations and diagnostic testing, he was started on narcotics and now takes them chronically, which may lead to iatrogenic disease. EE reports cognitive problems, but no cognitive dysfunction was objectively documented in this file.

In summary, EE is OOW due to a variety of self-reported sx with no objective support by examinations or diagnostic test results. This file does not objectively support the presence of any condition of a nature or severity to prevent EE from performing the material duties of his own or any occupation on a full-time basis, without restrictions or limitations. I cannot comment on whether or not there is any significant psychiatric impairment.

#### Recommendations

No physical impairment was objectively documented which would preclude EE from RTW, FT, own or any occupation, no restrictions or limitations.



Arny Hopkins, MD, MPH, PhD

Board Certified in Internal Medicine

Board Certified in Occupational Medicine

Fellow of the American College of Occupational & Environmental Medicine

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Metropolitan Life Insurance Company

**MetLife®**

MetLife Disability  
PO Box 14590  
Lexington, KY 40511-4590

November 5, 2004

Dr David S Bell,  
77 South Main Street,  
Lyndonville, NY 14098

RE: Long Term Disability  
Claim #: 640407128904  
Group #: 303299  
Regarding: John Magee

Dear Dr Bell

This is in reference to John Magee's claim for Long Term Disability Benefits.

Enclosed you will find Independent a Physician File Review report completed by Dr Amy Hopkins, Board Certified Internal Medicine, Board Certified in Occupational Medicine who has reviewed the medical documentation in Mr. Magee's long term disability file.

Please review the report from DR. Amy Hopkins and indicate if you agree with the conclusions that were made. If you do not agree with the conclusions that were made, please respond with your opinion and explain why you do not agree. Also please provide objective medical documentation to support your opinion of any functional limitations that would preclude Mr. Magee from performing any/all job duties at this time.

Please be advised that if we do not receive a response by November 19, 2004, we can only assume you agree with the report conclusions made and we will make a determination on your patient's claim based on the medical documentation in the file. If you have any questions please feel free to contact our office.

Your cooperation and early reply will be greatly appreciated.

Yours truly,

Kathryn Snell RN,  
MetLife Disability  
1-800-300-4296 ext. 2348  
Fax #: 1-800-230-9531

ML0387

041109029421

Physician Consultant Review

Reviewer: Amy Hopkins, MD, MPH, PhD Date: 11/5/04  
Claim #: 640407128904 DOB: 12/7/59  
Name: John Magee DDC: 11/27/03  
Ref. Source: Kathryn Snell Own Occ/Any Occ: any  
Occupation: program assurance mgr Work Level: n/a

Diagnosis: chronic fatigue syndrome (CFS), depression  
Issue(s): impairment

History

Dr. Bell (pediatrics) evaluated EE on 9/18/00 for possible CFS. EE reported the onset of restless legs, lower extremity achiness, paresthesias, and fatigue in 4/95, w/ gradual worsening. EE reported depression which started six months after his sx which he felt was separate from his sx. The dx of CFS was made within the past year. EE reported that his depression had resolved. EE was able to work, but had almost no activity outside of work. EE reported bad days about 4 times per month. EE's worst sx were headaches, fatigue, and body pain. EE was on Celebrex and Celexa. EE had glaucoma. EE had several back surgeries. EE reported recurrent sore throats at least three times per month. EE reported eye pain and light sensitivity which his eye physician said was not due to the glaucoma. EE reported nausea and light-headedness with certain odors. EE reported abdominal discomfort and nausea. EE reported very severe muscle pain, along w/ weakness, stiffness, and recurrent backache. EE had a muscle biopsy. EE reported joint pain, morning stiffness, and daily headaches. EE reported prominent cognitive sx. EE reported balance disturbance. EE reported unrefreshing sleep. EE reported night sweats. EE had several consultations by neurologists without specific diagnosis. An MRI of the spine was said to be WNL. Labwork was unremarkable. On exam, EE was in no acute distress, had no cognitive dysfunction, and did not appear depressed. EE was obese. There was no adenopathy. Muscle strength was WNL. Romberg was WNL. EE had difficulty w/ tandem stance, but was able to maintain it. His impression was restless leg syndrome, glaucoma s/p back surgery, shellfish allergy, and chronic fatigue syndrome. His OVN of 5/1/03 stated that EE reported worsening, feeling very sore, and being unable to work. On exam, EE appeared depressed. The exam was otherwise WNL. He started EE on Percocet and nortriptyline. His OVN of 5/22/03 stated that EE's insomnia was better. EE was using about three Percocet per week. On exam, EE "looks OK". He increased the nortriptyline. His OVN of 6/18/03 stated that EE reported feeling very ill. EE was hospitalized for a suicide attempt. He stated that EE had "orthostatic hypotension by rheumatologist". The exam was WNL. He stopped the nortriptyline. His impression was chronic pain/CFS secondary to depression. He wrote a letter 6/23/03 which stated that the worsening of activity restriction and pain related to chronic fatigue was one of the things which was clearly worsening his depression, though this had been debated. EE had not had any response to medications. He mentioned a "circulating blood volume test" and that he was going to treat EE w/ "volume expansion". He felt that EE was unable to work. His OVN of 7/7/03 stated that EE had abnormal orthostatic testing. He stated that an echocardiogram showed borderline left ventricular hypertrophy. His OVN of 8/11/03 stated that EE's activity had improved slightly

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Page 1 of 3

Independent Physician Consultant Review for MetLife Disability

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after intravenous fluids and return to work. Another OVN dated 8/11/03 stated that EE had a psychotherapist who felt that EE needed increased pain medications because his pain was "clearly out of control". Dr. Kates, EE's PCP, felt that this was "entirely a psychosomatic problem", that EE should not have any pain medication, and that EE needed to confront his problems. EE continued to report severe pain. EE was still extremely depressed. He started EE on clonazepam. A telephone note stated that EE had developed phlebitis, which appears to have been related to his PICC line in place to deliver IV saline. His OVN of 10/24/03 stated that EE reported worse pain. The exam was WNL. The OVN of 12/12/03 stated that EE had severe depression. The OVN of 1/26/04 stated that EE had not worked since the last visit. EE reported that he was unable to get out of bed. EE was depressed and was observed to walk w/ difficulty. He wrote a letter 2/2/04 which stated that EE reported being confined to bed for many days at a time. He felt that EE's depression was secondary to his medical condition. His OVN of 2/25/04 stated that EE was overall about the same. EE was fired from work. His PICC line was out. The exam was WNL. He wrote a letter 3/1/04 which stated that EE reported problems w/ cognitive function. EE reported marked activity limitation, severe fatigue, exhaustion, post-exertional malaise, muscle pain, joint pain, unrefreshing sleep, and headache. EE continued to be depressed, which he felt was secondary to his "biologic illness". He felt that EE was TD w/ a poor prognosis for recovery. He wrote a letter 3/12/04 which stated that EE had no primary psychiatric disturbance and no hint of malingering, hypochondriasis, or falsification of data. His OVN of 5/18/04 stated that EE had poor activity and post-exertional malaise. EE had no significant benefit on IV fluids. His OVN of 7/13/04 stated that EE's depression was about the same. EE was taking Vicodin daily. The exam was WNL. His OVN of 8/31/04 stated that EE was taking "transfer factor" for one month. The exam was WNL. He filled out an APS 9/1/04 which gave a list of physical restrictions. He checked off that he could not determine if EE was disabled from his own or any occupation.

Orthostatic testing on 7/1/03 was positive once. Orthostatic testing on another undated sheet was negative.

#### Comment

The claimant went OOW due to "chronic fatigue syndrome", a collection of sx with no known pathophysiological basis. All physical exams have been WNL other than for obesity and orthostatic hypotension on one occasion. Dr. Bell did not document any indication that EE's medications might have caused the orthostatic hypotension, a common side-effect. EE did not document any ongoing sx of orthostatic hypotension. No orthostatic hypotension was documented past 7/1/03, so no ongoing impairment due to this was documented. Dr. Bell feels that EE is disabled due to his self-reported fatigue, but did not provide any objective basis for his opinion. EE's PCP apparently felt that EE's condition was psychosomatic, so this possibility was raised. EE has severe depression and attempted suicide, but Dr. Bell feels that this is secondary to EE's "biologic illness", even though no actual physically-based disease process was identified. It has been well-documented in the literature that many people with depression are unaware of their depression or deny it, so EE's denying he was depressed prior to the onset of his physical sx does not necessarily mean that he was not actually depressed, one of the most common causes of "chronic fatigue syndrome". EE also identified sleep disturbances. Lack of sleep can certainly cause most or all of EE's sx, yet there was no evidence in this file that he had ever been referred for a sleep evaluation.

~0197042

Page 2 of 3

*Independent Physician Consultant Review for MetLife Disability*

ML0389

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including polysomnogram, which might have identified a treatable cause for EE's fatigue. Dr. Bell treated EE w/ IV fluid for alleged volume depletion, but this is not a widely accepted diagnosis nor treatment. No barrier to EE's ability to take in fluids by mouth was documented, so he could have accomplished the same thing by drinking more water as by having IV fluids administered, which opened him up to potential complications, such as the phlebitis he reportedly had. The administration of IV fluids will also just generally result in higher urinary output unless an individual is rapidly losing fluids to the point where they cannot be replaced by mouth, such as in hemorrhaging, severe vomiting, or severe diarrhea. EE reports severe pain, but there was no physiological basis for his pain identified. Despite the lack of any objective sources for EE's pain by examinations and diagnostic testing, he was started on narcotics and now takes them chronically, which may lead to iatrogenic disease. EE reports cognitive problems, but no cognitive dysfunction was objectively documented in this file.

In summary, EE is OOW due to a variety of self-reported sx with no objective support by examinations or diagnostic test results. This file does not objectively support the presence of any condition of a nature or severity to prevent EE from performing the material duties of his own or any occupation on a full-time basis, without restrictions or limitations. I cannot comment on whether or not there is any significant psychiatric impairment.

#### Recommendations

No physical impairment was objectively documented which would preclude EE from RTW, FT, own or any occupation, no restrictions or limitations.

*Amy Hopkins, MD, MPH, PhD*

Amy Hopkins, MD, MPH, PhD  
Board Certified in Internal Medicine  
Board Certified in Occupational Medicine  
Fellow of the American College of Occupational & Environmental Medicine

\*\*\*\*\* -COMM. JOURNAL - \*\*\*\*\* DATE: NOV-05-2004 TIME 19:09 \*\*\*\*\*  
 041105029180

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END-NOV-05 19:09

FILE NO. -883

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Metropolitan Life Insurance Company

MetLife Disability  
 PO Box 14390  
 Lexington, KY 40511-4390

**MetLife®**

November 5, 2004

Dr David S Bell,  
 77 South Main Street,  
 Lyndonville, NY 14098

RE: Long Term Disability  
 Claim #: 640407128904  
 Group #: 303299  
 Regarding: John Magee

Dear Dr Bell

This is in reference to John Magee's claim for Long Term Disability Benefits.

Enclosed you will find Independent a Physician File Review report completed by Dr Amy Hopkins, Board Certified Internal Medicine, Board Certified in Occupational Medicine who has reviewed the medical documentation in Mr. Magee's long term disability file.

Please review the report from DR. Amy Hopkins and indicate if you agree with the conclusions that were made. If you do not agree with the conclusions that were made, please respond with your opinion and explain why you do not agree. Also please provide objective medical documentation to support your opinion of any functional limitations that would preclude Mr. Magee from performing any/all job duties at this time.

Please be advised that if we do not receive a response by November 19, 2004, we can only assume you agree with the report conclusions made and we will make a determination on your patient's claim based on the medical documentation in the file. If you have any questions please feel free to contact our office.

Your cooperation and early reply will be greatly appreciated.

Yours truly,

Kathryn Snell RN,  
 MetLife Disability  
 1-800-300-4296 ext. 2348  
 Fax #: 1-800-230-9531

ML0391

041109029160

Metropolitan Life Insurance Company

**MetLife®**

MetLife Disability  
PO Box 14590  
Lexington, KY 40511-4590

November 5, 2004

Dr David S Bell,  
77 South Main Street,  
Lyndonville, NY 14098

RE: Long Term Disability  
Claim #: 640407128904  
Group #: 303299  
Regarding: John Magee

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Your cooperation and early reply will be greatly appreciated.

Yours truly,



Kathryn Snell RN,  
MetLife Disability  
1-800-300-4296 ext. 2348  
Fax #: 1-800-230-9531

ML0392

041109029160

Physician Consultant Review

Reviewer: Amy Hopkins, MD, MPH, PhD Date: 11/5/04  
Claim #: 640407128904 DOB: 12/7/59  
Name: John Magee DDC: 11/27/03  
Ref. Source: Kathryn Snell Own Occ/Any Occ: any  
Occupation: program assurance mgr Work Level: n/a  
Diagnosis: chronic fatigue syndrome (CFS), depression  
Issue(s): impairment

History

Dr. Bell (pediatrics) evaluated EE on 9/18/00 for possible CFS. EE reported the onset of restless legs, lower extremity achiness, paresthesias, and fatigue in 4/95, w/ gradual worsening. EE reported depression which started six months after his sx which he felt was separate from his sx. The dx of CFS was made within the past year. EE reported that his depression had resolved. EE was able to work, but had almost no activity outside of work. EE reported bad days about 4 times per month. EE's worst sx were headaches, fatigue, and body pain. EE was on Celebrex and Celexa. EE had glaucoma. EE had several back surgeries. EE reported recurrent sore throats at least three times per month. EE reported eye pain and light sensitivity which his eye physician said was not due to the glaucoma. EE reported nausea and light-headedness with certain odors. EE reported abdominal discomfort and nausea. EE reported very severe muscle pain, along w/ weakness, stiffness, and recurrent backache. EE had a muscle biopsy. EE reported joint pain, morning stiffness, and daily headaches. EE reported prominent cognitive sx. EE reported balance disturbance. EE reported unrefreshing sleep. EE reported night sweats. EE had several consultations by neurologists without specific diagnosis. An MRI of the spine was said to be WNL. Labwork was unremarkable. On exam, EE was in no acute distress, had no cognitive dysfunction, and did not appear depressed. EE was obese. There was no adenopathy. Muscle strength was WNL. Romberg was WNL. EE had difficulty w/ tandem stance, but was able to maintain it. His impression was restless leg syndrome, glaucoma s/p back surgery, shellfish allergy, and chronic fatigue syndrome. His OVN of 5/1/03 stated that EE reported worsening, feeling very sore, and being unable to work. On exam, EE appeared depressed. The exam was otherwise WNL. He started EE on Percocet and nortriptyline. His OVN of 5/22/03 stated that EE's insomnia was better. EE was using about three Percocet per week. On exam, EE "looks OK". He increased the nortriptyline. His OVN of 6/18/03 stated that EE reported feeling very ill. EE was hospitalized for a suicide attempt. He stated that EE had "orthostatic hypotension by rheumatologist". The exam was WNL. He stopped the nortriptyline. His impression was chronic pain/CFS secondary to depression. He wrote a letter 6/23/03 which stated that the worsening of activity restriction and pain related to chronic fatigue was one of the things which was clearly worsening his depression, though this had been debated. EE had not had any response to medications. He mentioned a "circulating blood volume test" and that he was going to treat EE w/ "volume expansion". He felt that EE was unable to work. His OVN of 7/7/03 stated that EE had abnormal orthostatic testing. He stated that an echocardiogram showed borderline left ventricular hypertrophy. His OVN of 8/11/03 stated that EE's activity had improved slightly

~0197042

Page 1 of 3

Independent Physician Consultant Review for MetLife Disability

ML0393

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after intravenous fluids and return to work. Another OVN dated 8/11/03 stated that EE had a psychotherapist who felt that EE needed increased pain medications because his pain was "clearly out of control". Dr. Kates, EE's PCP, felt that this was "entirely a psychosomatic problem", that EE should not have any pain medication, and that EE needed to confront his problems. EE continued to report severe pain. EE was still extremely depressed. He started EE on clonazepam. A telephone note stated that EE had developed phlebitis, which appears to have been related to his PICC line in place to deliver IV saline. His OVN of 10/24/03 stated that EE reported worse pain. The exam was WNL. The OVN of 12/12/03 stated that EE had severe depression. The OVN of 1/26/04 stated that EE had not worked since the last visit. EE reported that he was unable to get out of bed. EE was depressed and was observed to walk w/ difficulty. He wrote a letter 2/2/04 which stated that EE reported being confined to bed for many days at a time. He felt that EE's depression was secondary to his medical condition. His OVN of 2/25/04 stated that EE was overall about the same. EE was fired from work. His PICC line was out. The exam was WNL. He wrote a letter 3/1/04 which stated that EE reported problems w/ cognitive function. EE reported marked activity limitation, severe fatigue, exhaustion, post-exertional malaise, muscle pain, joint pain, unrefreshing sleep, and headache. EE continued to be depressed, which he felt was secondary to his "biologic illness". He felt that EE was TD w/ a poor prognosis for recovery. He wrote a letter 3/12/04 which stated that EE had no primary psychiatric disturbance and no hint of malingering, hypochondriasis, or falsification of data. His OVN of 5/18/04 stated that EE had poor activity and post-exertional malaise. EE had no significant benefit on IV fluids. His OVN of 7/13/04 stated that EE's depression was about the same. EE was taking Vicodin daily. The exam was WNL. His OVN of 8/31/04 stated that EE was taking "transfer factor" for one month. The exam was WNL. He filled out an APS 9/1/04 which gave a list of physical restrictions. He checked off that he could not determine if EE was disabled from his own or any occupation.

Orthostatic testing on 7/1/03 was positive once. Orthostatic testing on another undated sheet was negative.

#### Comment

The claimant went OOW due to "chronic fatigue syndrome", a collection of sx with no known pathophysiological basis. All physical exams have been WNL other than for obesity and orthostatic hypotension on one occasion. Dr. Bell did not document any indication that EE's medications might have caused the orthostatic hypotension, a common side-effect. EE did not document any ongoing sx of orthostatic hypotension. No orthostatic hypotension was documented past 7/1/03, so no ongoing impairment due to this was documented. Dr. Bell feels that EE is disabled due to his self-reported fatigue, but did not provide any objective basis for his opinion. EE's PCP apparently felt that EE's condition was psychosomatic, so this possibility was raised. EE has severe depression and attempted suicide, but Dr. Bell feels that this is secondary to EE's "biologic illness", even though no actual physically-based disease process was identified. It has been well-documented in the literature that many people with depression are unaware of their depression or deny it, so EE's denying he was depressed prior to the onset of his physical sx does not necessarily mean that he was not actually depressed, one of the most common causes of "chronic fatigue syndrome". EE also identified sleep disturbances. Lack of sleep can certainly cause most or all of EE's sx, yet there was no evidence in this file that he had ever been referred for a sleep evaluation,

~0197042

Page 2 of 3

*Independent Physician Consultant Review for MetLife Disability*

ML0394

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In summary, EE is OOW due to a variety of self-reported sx with no objective support by examinations or diagnostic test results. This file does not objectively support the presence of any condition of a nature or severity to prevent EE from performing the material duties of his own or any occupation on a full-time basis, without restrictions or limitations. I cannot comment on whether or not there is any significant psychiatric impairment.

#### Recommendations

No physical impairment was objectively documented which would preclude EE from RTW, FT, own or any occupation, no restrictions or limitations.

*Amy Hopkins, MD, MPH, PhD*

Amy Hopkins, MD, MPH, PhD  
Board Certified in Internal Medicine  
Board Certified in Occupational Medicine  
Fellow of the American College of Occupational & Environmental Medicine

041110F06298

FACSIMILE COVER LETTER FROM:

David S. Bell, MD  
Nancy A. Bell, FNP/C  
PO Box 495  
77 South Main Street  
Lyndonville, New York 14098  
585-765-2060 fax 585-765-2067

THIS MESSAGE is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is Strictly Prohibited. If you receive this message by error, please notify the sender immediately to arrange for return or destruction of these documents.

Date: 11/10/04

To: KATHRYN SNELL RN

Fax Number: 800-230-9531

Re: John Magee CLM #640407/28904

Number of Pages, including cover letter: 2

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ML0396

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David S. Bell, M.D.  
Nancy A. Bell, FNP/C  
77 South Main Street P.O. Box 495  
Lyndonville, New York 14098  
585-765-2060 fax 585-765-2067

November 10, 2004

Kathryn Snell, RN  
Met Life Disability  
Metropolitan Life Insurance Company  
Fax #800-230-9531

Dear Ms. Snell,

I am in receipt of the report from Amy Hopkins, MD who is a physician consultant review concerning John Magee, Claim #640407128904. I would disagree with the implication in this letter that there is no physical impairment by claimant. John Magee has Chronic Fatigue Syndrome, which is fairly straight forward and appears to be documented in the history. The Center for Disease Control and the National Institute of Health have both said that Chronic Fatigue Syndrome is a serious and debilitating illness and part of the criteria for Chronic Fatigue Syndrome is that the disability is not a primary psychiatric disturbance. Mr. Magee fulfills these criteria. The fact that we cannot prove the organic basis for Chronic Fatigue Syndrome does not imply that there is no physical impairment. I would maintain that at the present time Mr. Magee is impaired due to Chronic Fatigue Syndrome. He does have secondary depression which at times is serious and that he is not able to work because of his medical disability.

I would suggest for further evaluation that he have a comprehensive work and function evaluation done at Rochester General Hospital which may better clarify the issue. In addition, he could have exercise physiology test which, if done on two consecutive days, is likely to show a marked impairment of aerobic capacity and this may help to document his disability.

Very truly yours,



David S. Bell, MD

DSB/ds

ML0397

041101F05900

Alice M. Tariot, M.D.  
100 Linden Oaks  
Suite 200  
Rochester, NY 14625-2831  
(585) 586-1600  
(585) 586-7951 Fax

# facsimile transmittal

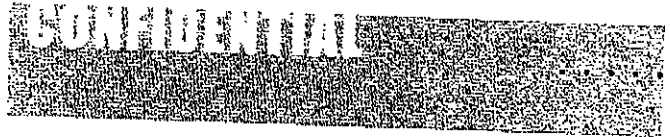
To: Kathryn Snell Fax: 1-866-690-1264  
From: Alice M. Tariot, M.D. Date: November 1, 2004  
Re: Claim# 640407128904 Pages: 9- not including cover  
CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes:

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Metropolitan Life Insurance Company

MetLife Disability, PO Box 14590, Lexington KY 40511-4590  
Phone: 800 300 4296 ext 2347

Fax: 1-866-690-1264

FAX

To: Dr Tariot  
Fax: 585-586-7951  
Phone: 585-586-7951

From: Kathryn Snell RN  
Pages: 3

Date: October 14, 2004

Claim #: 640407128904  
DOB: 12/07/1959

Re: John Magee

Dear Dr. Tariot,

I am a RN reviewing John Magee's eligibility for short-term disability benefits and I am requesting your assistance in determining the nature of his condition and return to work restrictions. Please address the following to assist in my efforts in evaluating the nature of Mr. Magee's impairment and his return to work ability. I will require a response by October 28, 2004 and appreciate your time and assistance in this matter.

Present diagnosis affecting work capacity:

*See attached*

First date of treatment for present condition or first date patient unable to work. Please include any hospitalization dates:

*See attached*

Please describe abnormal physical exam findings, cognitive findings, symptoms, pertinent comorbidities, and Mental Status exam testing results denoting work incapacity please be as detailed as possible as this information will assist in our determination for benefit eligibility.

*See attached*

Please provide a return to work date, any restrictions and limitations as the employer can accommodate.

Full time

Part time

Recommended work restrictions, duration of such, and earliest return to work date with restrictions

*See att*

What is his current treatment plan including medication and his progress with his treatment?

*See att*

Please forward relevant progress notes, testing results, and consultation reports in regards to Mr. McGee. This information is required for determination for benefit eligibility.

Date of next evaluation/office visit.

I appreciate your time and assistance in my efforts to ascertain your patient's medical status and work ability. Provide current medical documentation including office notes, mental status exam including global impairment. Please contact me with any questions or concerns at 315 792-2348.

Kathryn Snell RN, CCM  
MetLife Disability

**THIS COVER SHEET SHOULD BE RETURNED WITH ANY CORRESPONDENCE PROVIDED TO MetLife.**  
**FAILURE TO PROVIDE THE CLAIM NUMBER, SOCIAL SECURITY NUMBER AND DATE OF BIRTH WILL CAUSE A DELAY IN THE HANDLING OF THE INFORMATION PROVIDED TO MetLife.**  
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## MENTAL STATUS EXAMINATION

### AXIS I - 5

1. 296.30
- 2.
3. Chronic fatigue
- 4.
- 5.

### I. General description

A. Appearance nl

C. Behavior and psychomotor activity - psychomotor retardation

C. Attitude toward examiner cautious

### II. Mood and affect

A. Mood down

B. Affect down

C. Appropriateness nl

III. Speech nl

IV. Perceptual Disturbances no

V. Thought NR

A. Process or form of thought

B. Content of thought

C. MENTAL STATUS EXAMINATION

*VI. Sensorium and cognition*

- A. Alertness and level of consciousness *NL*  
B. Orientation *NL*  
C. Memory  
Short Term *NL*  
Long Term  
D. Concentration and attention *Not sure*  
E. Capacity to read and write *"*  
F. Abstract thinking *NL*  
G. Fund of information and intelligence *NL*

*VII. Impulse control* *Good*

*VIII. Judgment and insight* *Good*

*IX. Reliability* *Good*

**Functional Deficits**

*Provide description of:*

*Activities of Daily Living*

*Social Function*

*Evidence of Decompensation in the work place*

*Estimated Return to work date*

MENTAL STATUS EXAMINATION

041101F05900

PROGRESS NOTES

1

PATIENT: Magee, John  
 DOB: 12-7-59  
 DATE: April 19, 2004  
 LENGTH: 20 Minutes, Psychotherapy/med. management

Patient is taking Lexapro 20 mg qam and Wellbutrin XL 300 mg qam. He reports he is no longer crying easily, but continues to feel that his future is dismal. He occasionally has thoughts of suicide but no plan or intent. He continues to think that his children don't need him except financially, and that now he is a poor financial support. However at the same time he says that he wouldn't try to hurt himself because of what others have told him it would do to his family. He has had a recent difficult time and was fired and then rehired by Kodak. He feels betrayed by those he worked with. He sees Ms. Cerame regularly. On MSE he is negative and pessimistic. He appears to be somewhat less depressed with less weeping on Wellbutrin. His negativism is undoubtedly related to his serious illness and loss of function. He is having a hard time redefining himself as useful in any way. Risk factors for suicide are serious medical illness, ideation and negative self-view. There are no firearms. Protective factors are good relationship with wife, wishes to not hurt his family. I do think there has been a benefit from Wellbutrin and it will be continued. He is to continue working with Ms. Cerame about his self-image, especially around being a father. A followup appointment was scheduled for 3 months.

Alice M. Tariot, M.D.

Cc: Ms. Cerame

DATE: August 2, 2004

SERVICE: phone contact with wife on July 31, 2004 and Ms. Cerame

Patient stopped his Lexapro abruptly several weeks ago and then his Wellbutrin several days ago for unclear reasons. He is now so depressed he can't get out of bed. He hasn't expressed any suicidal ideation and wife feels able to monitor his safety. Both medications were restarted and she was asked to call the office to schedule an appointment.

Alice M. Tariot M.D.

DATE: August 25, 2004

LENGTH: 30 Minutes, Psychotherapy/Meds Management

Patient was seen with his wife. He is taking Lexapro 20 mg qam and Wellbutrin XL 300 mg qam. He reports that on the day his wife called me, he was upset about lots of things, especially financial issues and something his son did that angered him. He felt despondent and hopeless. By the next day he was feeling significant better. However his wife feels that he was "doing great" before he went off medication, which is part of why he went off (he thought he could do without them) He is also worried about the cost. She thinks he is lower and more irritable when he was off. On MSE he presents as sullen and low. He continues to see himself as appropriately depressed in response to his situation medically and doesn't understand why he is taking medication. We reviewed the many factors that contribute to depression, the need to take medication consistently and not make any changes without talking with me and the need for regular appts. He is seeing Ms. Cerame every other week. We decided that he should stay on medication for now with the possibility of a trial off at some point if he wants, although he also pointed out that before he went on Lexapro and was on Wellbutrin and Effexor XR he was doing poorly. For cost reasons he was switched to Wellbutrin SR 200 mg bid. The dose was increased because he noted that things are going to be very stressful the next month and thought a little more would help. A followup appointment was scheduled for 3 months.

Alice M. Tariot M.D.

Cc: Ms. Cerame

DATE: October 27, 2004

LENGTH: 20 Minutes, Psychotherapy/Meds Management

ML0403

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PROGRESS NOTES

2

PATIENT: Magee, John

DOB: 12-7-59

Patient is taking Lexapro 20 mg qam and Wellbutrin SR 200 mg bid. He remains depressed with frequent crying. He is not suicidal although he has thoughts he would be better off dead. His son is angry at him and he feels he isn't a good role model for him. He would like to try something else. He did well on Celexa 20 mg qam in the past. We decided to decrease Lexapro to 10 mg qam x 1 week then stop. Concurrently, Celexa 20 mg qam x 1 week then 40 mg qam was started. A followup appointment was scheduled for 4-6 weeks.

Alice M. Tariot M.D.

ML0404

041101F05900

February 5, 2004

Carolyn Cerame, CSW  
253 Alexander Street  
Rochester, NY 14607

RE: JOHN MAGEE  
DOB: 12-07-59

Dear Carolyn:

Thank you for referring John for the psychiatric evaluation and medication management of depression. He is currently taking Effexor XR 225 mg qam and Lexapro 20 mg qam. He has been previously diagnosed with chronic fatigue syndrome.

As you know, the patient is a 44 year old, white, married father of four children. He has been intermittently on disability from his job at Kodak as a quality engineer for the last year. Patient reports that eight to nine years ago he developed an illness characterized by being sore and tired all the time. Five years ago, he was diagnosed with chronic fatigue syndrome. A year ago, symptoms became so much worse that he became unable to walk and was in constant pain. He started to see you at that time for psychotherapy. In May 2003, he took an overdose of 20 Percocet. On the one hand, he said he wanted to stop the pain, but on the other hand he said that he really wanted to be dead so he would not be in any more pain. He was hospitalized at Strong for four weeks, which he did not find helpful. He was discharged and since then he has, "resigned myself to living because I don't want to hurt my family." He reports that his suicide attempt was devastating for his wife.

The patient reports that he is sad and depressed. However, he feels that he has every reason to be sad and depressed and does not see how medication is going to help him. He has been on many medications for depression and pain with no benefit. These include Prozac, Xanax, Provigil, Amantadine, Ritalin, Wellbutrin, Neurontin and tricyclic antidepressants. Vicodin sometimes helps his pain. He reports that for four years prior to this year he took Celexa 20 mg qam. He felt that it helped him in that his pain seemed to plateau and he was better able to cope with his illness, but then it did not seem to be beneficial anymore and was stopped about a year ago. Effexor XR was prescribed at that time by his primary care physician, Dr. Cates, and Lexapro was prescribed more recently by Dr. Chaudhri. He does not feel any benefit from either.

The patient receives most of his medical treatment from Dr. Bell in Lyndonville, NY who is an expert on chronic fatigue syndrome. He currently has saline infusions every night. He has had other treatments with no benefit.

ML0405

041101F05900

The patient lives in Honeoye Falls with his wife, Renee, and his five children, ages 2, 9, 12, 14 and 16. There is no known family history of mental health problems, although he reports that his father "lives in a shack and races motorcycles." The patient reports that when he was younger he was always very energetic, never needed much sleep and was always highly productive. He enjoyed physical labor and liked to push his body. He described himself as being "a knight in shining armor to his wife and family, loved that role and no longer feels valuable to his family."

The patient reports that he has glaucoma. He is allergic to codeine. He takes Klonopin 0.5 mg qhs for muscle pain and sleep, Lipitor 40 mg a day and eye drops for his glaucoma.

On mental status exam, the patient presents as a pleasant man who appears his stated age. It was really difficult to assess his mood because of his denial about depression, even though others have told him he is depressed. What was most striking is that he seems to be using primarily intellectualization and rationalization to deal with some of his feelings about no longer feeling valuable to his family. To the extent that he does this, some of his judgment is really off. For example, he has been trying to convince himself that if he were to kill himself, this would have no impact on his family over the long run and that they would not really miss him, but just the idea of having a father or a husband. When I pointed out that I did not think that was correct thinking, he said, "Maybe I'm being selfish, maybe I'm just trying to rationalize why I would be better off dead." At the present time, he has no active plans to kill himself or hurt himself, feeling that his wife's reaction to his suicide attempt was too extreme. He is not psychotic or delusional.

The patient certainly raises difficult issues about depression when it seems like an appropriate response to a difficult life circumstance. However, he still may benefit from medication and certainly from psychotherapy, which I think needs to be the mainstay of his treatment. While not very hopeful about medication, he is agreeable to a trial on a combination of antidepressants. Specifically, we decided that Effexor XR would be decreased by 75 mg every five days until he is off it. In a week he will start Wellbutrin XL 150 mg qam and then after a week 300 mg qam. Risks, benefits and side effects were discussed and written information was given.

A follow-up appointment was scheduled for six weeks. I would appreciate your keeping me posted about his progress, his mood state and in particular, if suicidal thinking should escalate. Best wishes for the winter.

Sincerely,

Alice M. Tariot, M.D.

C: Dr. Bell  
Lyndonville, NY

ML0406

**FOR YOUR INFORMATION**

To: **MetLife**  
Fax number: +1 (800) 2309531

From: **John C. Magee**  
Fax number:  
Home phone: (585) 624-9306  
Business phone:

Date & Time: 9/21/2004 10:44:36 AM  
Pages sent: 2  
Re: Claim # 640407128904 SS # 088-54-4213

---

Following please find a copy of the receipt letter from the Social Security Office saying that it has received my claim for benefits. Any questions, please call me @ (585) 624-9306.  
Thanks...

John Magee

---

71 Ontario St  
Honeoye Falls, NY 14472

ML0407

9/21/2004 10:44 AM FROM: FAX 040924F05752 PAGE 002 OF 002

SG-SSA-16

NH 088-54-4213

## RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

JOHN CHARLES MAGEE JR  
71 ONTARIO ST  
HONEOYE FALLS NY 14472

UNIT: 1DPACF 1342517

NAME OF PERSON TO CONTACT  
ABOUT YOUR CLAIM:

Mrs. Magee

Rec'd 7/14/04  
Rochester, NY

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT ARE:

BEFORE YOU RECEIVE A NOTICE OF AWARD:

232 8629 X 1205

AFTER YOU RECEIVE A NOTICE OF AWARD:

1-800-772-1200

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT  
WWW.SOCIALSECURITY.GOV.YOUR APPLICATION FOR SOCIAL SECURITY BENEFITS HAS BEEN RECEIVED AND WILL BE  
PROCESSED AS QUICKLY AS POSSIBLE.YOU SHOULD HEAR FROM US WITHIN <sup>2/100</sup> DAYS AFTER YOU HAVE GIVEN US ALL THE  
INFORMATION WE REQUESTED. SOME CLAIMS MAY TAKE LONGER IF ADDITIONAL INFORMATION  
IS NEEDED.IN THE MEANTIME, IF YOU CHANGE YOUR ADDRESS, OR IF THERE IS SOME OTHER CHANGE  
THAT MAY AFFECT YOUR CLAIM, YOU - OR SOMEONE FOR YOU - SHOULD REPORT THE  
CHANGE.ALWAYS GIVE US YOUR CLAIM NUMBER WHEN WRITING OR TELEPHONING ABOUT YOUR  
CLAIM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, WE WILL BE GLAD TO  
HELP YOU.

WE ARE RETURNING ANY DOCUMENT(S) YOU MAY HAVE SUBMITTED WITH YOUR APPLICATION.

CLAIMANT  
JOHN C MAGEE JRSOCIAL SECURITY CLAIM NO.  
088-54-4213

ML0408

040922015648

Metropolitan Life Insurance Company

**MetLife®**

MetLife Disability  
PO Box 14590  
Lexington, KY 40511-4590

September 20, 2004

John Magee  
71 Ontario St.  
Honeoye Falls, NY 14472

RE: ITT Industries, Inc.  
Long Term Disability Benefits  
Claim No.: 640407128904  
Group No.: 303299

Dear Mr. Magee:

We have approved your claim for Long Term Disability benefits effective September 27, 2004. The initial benefit check for \$373.00, which represents the September 27, 2004 through September 30, 2004 payment, will be sent to you shortly under separate cover.

The September 27, 2004 through September 30, 2004 payment was computed on the basis of the monthly benefit of \$5,022.50, less an Estimated Primary Social Security benefit of \$1,981.00 and less and Estimated Family Social Security benefit of \$990.00, for a net minimum monthly benefit of \$373.00.

The October 1, 2004 through October 31, 2004 payment was computed on the basis of the monthly benefit of \$5,022.50, less an Estimated Primary Social Security benefit of \$1,981.00 and less and Estimated Family Social Security benefit of \$990.00, for a net minimum monthly benefit of \$2,051.50.

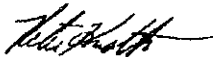
After your initial check of \$373.00, you will be receiving a monthly benefit payment of \$2,051.50, based of course, upon the fact that you remain totally disabled as defined in the Group Plan and furnish medical proof upon request.

We will continue to review your claim on a periodic basis. Should further reviews support any change in the status of your long-term disability benefits, we will advise you.

According to your plan, you are required to provide proof of your application for Social Security Disability (SSDI) benefits. If this is not received, we reserve the right to suspend your LTD monthly benefits.

If you have questions, please call the toll-free number.

Sincerely,



Peter Knoth  
Case Management Specialist  
Met DisAbility  
(800) 300-4296

040907018478

9/2/2004 12:54 PM FROM: FAX TO: +1 (585) 765-2067 PAGE: 001 OF 001

## FACSIMILE TRANSMITTAL SHEET

TO:	Dr. David Bell	FROM:	John Magge
RE:	LTD help!	DATE:	9/2/2004
FAX NUMBER:	[Click here and type fax number]	TOTAL NO. OF PAGES INCLUDING COVER:	1
PHONE NUMBER:	[Click here and type phone number]		

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

## NOTES/COMMENTS:

Sorry to ask another favor, but I seem to have a hard time keeping up with all the forms and everything... I spoke with Met-Life (Kodak's LTD insurance carrier) today, and they said that they have gotten no forms from my physician. No doubt, some of those forms that we filled out on my appointment this past Tuesday were supposed to go to Met-Life instead of SSI (which is where I thought they were suppose to go). So much for my lame excuses, the bottom line is that if I am going to get LTD from Kodak, I need to ask you if you could fax the following things to Met-Life:

- Copies of the forms that we filled out this past
- Detailed office notes including:
  - Supporting test results
  - Supporting lab results
  - Present medications
  - Reasons for my not being able to return
  - My Restrictions and limitations
- The fax cover page needs to have my reference number is:

640407178004

- The fax number for Met-Life is 1-800-230-9531

If there are any questions, or anything I can do to make this easier, please let me know. My number is 624-9306. Thanks so much!

*Met-Life  
PO Box 14590  
Lexington, KY  
40511-4590*

*Copied &  
sent  
9/2/04*

Name of Employee: John Magee

040907018478

Social Security Number: 088-54-4213

## ATTENDING PHYSICIAN'S STATEMENT OF FUNCTIONAL CAPACITY

It is a crime to fill out this form with facts you know are false or to leave out facts you know are important. The information provided is to be used for claims evaluation and auditing purposes only. The patient is responsible for having this form completed without expense to MetLife or the Employer.

Patient's Name John MageeDate of Birth 12/7/59

History:

- a. Date symptoms first appeared or accident occurred 8/95
- b. Date the patient was medically certified as unable to work if yes
- c. Has patient ever had same or similar condition? ☐ Yes ☐ No If yes, when? \_\_\_\_\_
- d. Is the patient's condition due to his/her employment? ☐ Yes ☐ No
- e. Is the patient's condition due to an auto accident? ☐ Yes ☐ No

Diagnosis:

- a. State primary diagnosis affecting work ability Chronic Fatigue Syndrome
- b. State any secondary diagnosis affecting work ability Depression
- c. Subjective symptoms exhaustion pain
- d. Objective findings (include any test results) low blood volume
- e. Present and future course of treatment \_\_\_\_\_

- f. If disability is due to pregnancy, what is the expected/actual delivery date? \_\_\_\_\_  
What (if any) complications are/were there that would extend the patient's disability? \_\_\_\_\_

Date of Examination or Treatment:

- a. Date of first visit 9/00
- b. Date of most recent examination 8/3/04
- c. Frequency of office visits: ☐ Weekly ☒ Monthly ☐ Other (specify) \_\_\_\_\_
- d. If the patient has been hospital confined, please provide the name and address of hospital, and dates of confinement \_\_\_\_\_

## Carrying and Lifting Abilities Evaluation:

Includes both the intensity and frequency of the activity. For each weight class listed below, please indicate the reasonable top limit of frequency. Please provide an explanation below with any additional comments regarding limitations on duration, ability to handle and distance (in front of body and above floor).

Intensity in Pounds	Frequency: Percentage of Workday			
	Never	1% - 33%	34% - 66%	67% - 100%
0 to 15		<input checked="" type="checkbox"/>		
16 to 30		<input checked="" type="checkbox"/>		
31 to 45	<input checked="" type="checkbox"/>			
46 to 100	<input checked="" type="checkbox"/>			
Greater than 100	<input checked="" type="checkbox"/>			

Explanation: \_\_\_\_\_

If patient's medical condition prohibits exposure to any of the following, please check appropriate box and explain any limitation below:

	No Limitation	Some Limitation	Moderate Limitation	Severe Limitation	Cannot Determine
Dust/Gases/Fumes			<input checked="" type="checkbox"/>		
Chemical/Solvents			<input checked="" type="checkbox"/>		
Temperature Extremes			<input checked="" type="checkbox"/>		
Noise Levels			<input checked="" type="checkbox"/>		
Allergenic Agents		<input checked="" type="checkbox"/>			
Enclosed Spaces	<input checked="" type="checkbox"/>				
Drafts/Damp Areas	<input checked="" type="checkbox"/>				

Explanation: \_\_\_\_\_



00302030000000000034-C

Page 1 of 2

ML0411

Name of Employee: John MasarSocial Security Number: 088 54 4213

If due to patient's medical condition there are limitations to any of the following, please check appropriate box and explain any limitation below.

	No Limitation	Some Limitation	Moderate Limitation	Severe Limitation	Cannot Determine
Ability to Drive					
Use of Public Transportation			X		
Walking		X			
Standing				X	
Sitting				X	
Change of Position (sit/stand)			X		
Assuming Cramped/Unusual Position			X		
Reaching (forward/overhead)				X	
Pushing/Pulling/Twisting (arm/leg controls)				X	
Grasping/Handling	X	X			
Finger Dexterity		X			
Repetitive Movements (hands/feet)		X			
Climbing (stairs/ladders/scaffolds)					
Balancing (exposure to falling)				X	
Bending/Stooping/Squatting				X	
Operating Truck/Dolly/Small Vehicle			X	X	
Operating Heavy Equipment			X		
Operating Electrical Equipment			X		
Concentrated Visual Attention			X		
Other:				X	

Explanation \_\_\_\_\_

Cardiac: (if applicable) \_\_\_\_\_

- a. Functional capacity: ☐ Class 1 (no limitation) ☐ Class 2 (slight limitation) ☐ Class 3 (marked limitation) ☐ Class 4 (complete limitation)
- b. Blood pressure (systolic/diastolic) \_\_\_\_\_ Date of reading \_\_\_\_\_

Mental/Nervous Impairment: (if applicable) \_\_\_\_\_

- a. Please list your findings according to the DSM-III multiaxial classification \_\_\_\_\_

- b. Please describe Axis IV findings \_\_\_\_\_

c. Please classify Axis V findings: (check appropriate box)

- ☐ Class 1: Patient is able to function under stress and engage in interpersonal relations (no limitations).
- ☐ Class 2: Patient is able to function in most stress situations and engage in most interpersonal relations (slight limitation).
- ☐ Class 3: Patient is able to engage in only limited stress situations and engage in only limited interpersonal relations (moderate limitations).
- ☐ Class 4: Patient is unable to engage in stress situations or engage in interpersonal relations (marked limitations).
- ☐ Class 5: Patient has significant loss of psychological, physiological, personal and social adjustment (severe limitations).

Disability Evaluation: We are seeking your medical opinion. It will be our responsibility to assess it against vocational data. The following questions take into account whether the patient can perform the important duties of his/her job or any other job with reasonable continuity. When answering, please consider his/her age, physical and mental capacities, education, training and experience. It may be helpful to review the patient's job description and other information shown in the Employee and Employer portions of this claim form.

Is patient now totally disabled (unable to perform work with or without reasonable accommodation): \_\_\_\_\_ for his/her own occupation? ☐ Yes ☐ No ☒ Cannot determine  
 \_\_\_\_\_ for any occupation? ☐ Yes ☐ No ☒ Cannot determine

If no, when was patient able to resume work activities: \_\_\_\_\_ for his/her own occupation?  
 \_\_\_\_\_ for any occupation?

If yes, when do you think patient will be able to resume work activities: \_\_\_\_\_ for his/her own occupation?  
 \_\_\_\_\_ for any occupation?

If yes, is patient a suitable candidate for \_\_\_\_\_ vocation rehabilitation? ☐ Yes ☒ No  
 \_\_\_\_\_ therapeutic rehabilitation? ☐ Yes ☒ No

Progress Evaluation: (please check box which applies)

- ☐ Recovered ☐ Improved ☐ Unimproved ☒ Retrogressed

In your opinion, is patient competent to endorse checks and direct the use of their proceeds? ☐ Yes ☐ No

Name of Physician (please print) Dr. D. Bell Board Certified Specialty \_\_\_\_\_Street Address 775 Main St. P.O. Box 495 City Lyndaville State NY Zip Code 14078Telephone No (585) 765-2060 Date 9/1/04 Physician's Signature [Signature]

0030203000000000034-C

Page 2 of 2

040907 018478

David S. Bell, M.D.  
77 South Main Street  
Lyndonville, New York 14098

Telephone: (585) 765-2060

August 30, 2004

To Whom It May Concern:

John Magee is followed in this office because of chronic fatigue syndrome. At the present time he has had worsening of his symptoms to the degree where he is not able to return to work. If there are other specific questions, please do not hesitate to call.

Very truly yours,



David S. Bell, M.D.

DSB:ds  
Dictated, not read.

ML0413

040907018478

Date of Visit: 8/31/04

NAME: Magee, John

Age: 44

David S. Bell, M.D.

77 South Main Street

Lyndonville, NY 14098

716-765-2060

Med. Allergies: Codeine, Iodine

Meds:

PMH: CADHTN/COPD/CVA/DM/Ep/Lepra/RA  
Osteoarthritis/None  
Other:

CC: CPSW, disability forms

HPI:

struggle for for 1 month was  
achieved. Taking TID: 50 for

Looks Well:

Mildly Ill:

Toxic:

PSH:

CABG/Appendectomy/GBA hysterectomy/tertia Repair/  
Tubal Ligation/None  
Other:ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional-Fever/Chills/Weakness

GU-Dysuria/Frequency/Urgency

HEENT-Visual Changes/Earache/Sore Throat

Neuro-Altered level of Consciousness/Seizure/  
Dizziness/LOC/Focal Weakness

Respiratory-Cough/Production/Wheezing/SOB

Skin-Rash/Ulcer

CVS-Chest Pain/Edema/Palpitations

SRF Musculoskeletal-Myalgia/Arthralgia/  
Neck Pain/Back PainGI-Abdominal Pain/Nausea/Vomiting/  
Diarrhea/ConstipationPsychiatric-Anxiety/Depression/Suicidal Ideation/  
Homicidal Ideation

Other:

SH:

Alcohol Abuse/Tobacco Abuse/Substance Abuse/None

Other:

PE:

General-☒

Normal

Head-☒

Normal

Eyes/Ears-☒

Normal

Nose/Throat-☒

Normal

Neck-☒

Normal

CVS-☒

Normal

Lung/Chest-☒

Normal

Abdominal/Rectal-☒

Normal

Extremities-☒

Normal

Neuro-☒

Normal

Skin-☒

Normal

WT: 245 lbs HT: R: 16

T: 96.6 P: 108 BP: 126/82

FH: CAUCOPULMHTN/CVA/None

Other:

Td:

UTI/YN/CUR/UNA

LMP:

Postmenstrual N/A

LAB/ XRAY / EKG

Assessment and Plan/Re-Assessment/Procedures

CPS

RETURN

Discussion Held (Time)

J. Bell

ML0414

Date of Visit: 4/2/04 NAME: Maga, John  
 Age: 71  
 Med. Allergies:

David S. Bell, M.D.  
 77 South Main Street  
 Lyndonville, NY 14098  
 716-765-2060

Meds:		PMH: CAD/HTN/COPD/CVA/None/Epilepsy/RV Osteoarthritis/None Other:	
CC: <u>CFS</u>			
HPI:			
<p><u>No change. 2 hrs a day activity.</u>  <u>able to do 1 load laundry and 15</u>  <u>min in kitchen. 15 hrs sleep at</u>  <u>night. Vicodin 1 hr pills/day. Depression</u>  <u>about the same</u>  <u>on that term</u>  <u>Felt with good with steroid 5 years ago</u></p>			
Looks Well:	Mildly Ill:	Toxic:	PSH: CABG/Appendectomy/GN hysterectomy/tertiary Repair/ Tubal Ligation/None Other:
ROS: <input type="checkbox"/> Old chart reviewed. <input type="checkbox"/> ROS unobtainable.			
Constitutional-Fever/Chills/Weakness		GU-Dysuria/Frequency/Urgency	
HEENT-Vision Changes/Ears/Chen/Sore Throat		Neuro-Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness	
Respiratory-Cough/Production/Whooping/SOB		Skin-Rash/Ulcer	
CVS-Chest Pain/Edema/Palpitations		Musculoskeletal-Myalgias/Arthralgias/ Neck Pain/Back Pain	
GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation		Psychiatric-Anxiety/Depression/Suicidal Ideation/ Homicidal Ideation	
Other:		SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:	
PE:		WT: HT: R:	
General- <input checked="" type="checkbox"/>	Normal	T: P: BP:	
Head- <input checked="" type="checkbox"/>	Normal	FH: CAD/COPD/UM/HTN/CVA/None	
Eyes/Ears- <input checked="" type="checkbox"/>	Normal	Other:	
Nose/Throat- <input checked="" type="checkbox"/>	Normal		
Neck- <input checked="" type="checkbox"/>	Normal		
CVS- <input checked="" type="checkbox"/>	Normal	Td: UTI/Hematuria/WNIA	
Lung/Chest- <input checked="" type="checkbox"/>	Normal	LMP: Postmenstrual/ N/A	
Abdominal/Rectal-	Normal	LAB/ XRAY / EKG	
Extremities-	Normal		
Neuro-	Normal		
Skin-	Normal		

### Assessment and Plan/Re-Assessment/Procedures

CFS  
OT

Transfer factor

Vicodin 10mg/500mg BID-TID  
PAN #90 RFX2

RETURN  
 Discussion Held (Time)

45 min

Close TF

DSB

040907018478

Date of Visit: 5/18/04 NAME: Magu, John

David S. Bell, M.D.  
77 South Main Street  
Lyndonville, NY 14098  
716-765-2060

Med. Allergies: Codeine, Iodine

Meds: See Symp Rating Forms

PMH: CAD/HTN/COPD/CVA/DM/Epilepsy/RA/  
Osteoarthritis/None  
Other:

CC: CFS rel

HPI:

activity - poor 2 hrs/day. Post exertional  
malaise. Changed timing belt (4 hrs) - relaps  
for 2 wks - in bed.w fluids - no significant benefit. Or  
debatable. Emotions better.

Looks Well: Mildly Ill: Toxic:

PSH: CABG/Appendectomy/GW hysterectomy/leish (hepat)  
Tubal Ligation/None  
Other:ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional-Fever/Chills/Weakness GU-Dysuria/Frequency/Urgency

HEENT-Visual Changes/Earache/Sore Throat Neuro-Altered level of Consciousness/Seizure/  
Dizziness/LOC/Focal Weakness

Respiratory-Cough/Production/Wheezing/SOB Skin-Rash/Ulcer

CVS-Chest Pain/Edema/Palpitations

Musculoskeletal-Myalgias/Arthralgias/  
Neck Pain/Back Pain

SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None

GI-Abdominal Pain/Nausea/Vomiting/  
Diarrhea/ConstipationPsychiatric-Anxiety/Depression/Suicidal Ideation/  
Homicidal Ideation

Other:

Other:

PE:

General- ☒ NormalHead- ☒ NormalEyes/Ears- ☒ NormalNose/Throat- ☒ NormalNeck- ☒ NormalCVS- ☒ NormalLung/Chest- ☒ NormalAbdominal/Rectal- ☒ NormalExtremities- ☒ NormalNeuro- ☒ NormalSkin- ☒ Normal

WT: 245 lbs HT: R: 16

T: 94.8 P: 68 BP: 122/77

FH: CAD/COPD/DM/HTN/CVA/None

Other:

Td: ☐ TTX/None/Current/WNALMP: ☐ Postmenopausal/N/A

LAB/ XRAY / EKG

## Assessment and Plan/Re-Assessment/Procedures

CFS  
orthostatic hypotension Medrol 2.5 PO TID or as directed  
Vaccolin 10/500 TID PRN  
#90 8 R1  
#92  
8 R FRETURN  
Discussion Held (Time)

J. S. Bell

ML0416

to of Visit: 5/14/04 NAME: Magu, John  
 c: Resch.  
 d. Allergies:

David S. Bell, M.D.  
 77 South Main Street  
 Lyndonville, NY 14098  
 716-765-2060

cds: \_\_\_\_\_  
 C: CPS III  
 IPI: \_\_\_\_\_  
 5-7-04 Per Dr. Bell Emergency S day prescription called  
 to Rite Aid in Honey Falls. Hydrocodone 10mg/500mg  
 TPD TID <sup>PRN</sup> Severe pain #15. Script mailed

PMH: CAD/MI/COPD/CVA/DME/Epilepsy/RA/  
 Osteoarthritis/None  
 Other:

PSH: CABG/Appendectomy/GB/l hysterectomy/tension Repair/  
 Tubal Ligation/None  
 Other:

Looks Well: Mildly Ill: Toxic:

ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional-Fever/Chills/Weakness

GU-Dysuria/Frequency/Urgency

HEENT-Visual Changes/Earache/Sore Throat

Neuro-Altered level of Consciousness/Seizure/  
 Dizziness/AOC/Focal Weakness

Respiratory-Cough/Production/Wheezing/SOG

Skin-Itch/Ulcer

CVS-Chest Pain/Edema/Palpitations

Musculoskeletal-Myalgias/Arthralgias/  
 Neck Pain/Back Pain

GI-Abdominal Pain/Nausea/Vomiting/  
 Diarrhea/Constipation

Psychiatric-Anxiety/Depression/Suicidal Ideation/  
 Homicidal Ideation

Other:

SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None  
 Other:

PE:

General- Normal

Head- Normal

Eyes/Ears- Normal

Nose/Throat- Normal

Neck- Normal

CVS- Normal

Lung/Chest- Normal

Abdominal/Rectal- Normal

Extremities- Normal

Neuro- Normal

Skin- Normal

WT: HT: R:

T: P: BP:

FH: CAD/COPD/DM/MI/HCVA/None

Other:

Td: UTU/None/Current/N/A

LMP: Postmenopausal/ N/A

LAB/ XRAY / EKG

Assessment and Plan/Re-Assessment/Procedures

RETURN  
 Discussion Held (Time)

David S. Bell, M.D.  
77 South Main Street  
Lyndonville, New York 14098  
Telephone: (585) 765-2060

March 12, 2004

To Whom It May Concern:

John Magee is followed in this office because of his severe, disabling pain and fatigue. This letter is for testimony for a Peer Panel at Kodak, appealing his recent termination of employment and benefits.

I am enclosing for the panel a copy of my curriculum vitae which describes my research efforts in studying chronic fatigue syndrome for the past 20 years. I have written numerous articles that have been published in professional publications. I was formerly the Vice President of the American Association for Chronic Fatigue Syndrome, and I am currently the Chairman of the Congressional Advisory Panel on Chronic Fatigue Syndrome.

Chronic fatigue syndrome is an illness that has been poorly understood in the past. It is characterized by severe, widespread musculoskeletal pain and severe, disabling fatigue, more accurately called orthostatic intolerance. The term orthostatic intolerance means the difficulty in maintaining the upright position because of difficulties in cerebral blood flow. Prominent symptoms in this illness include severe fatigue, severe pain in the muscles and joints, difficulty with short-term memory, difficulty with concentration and word-finding ability, episodes of confusion and difficulty in focusing on tasks. Other symptoms include malaise after exertion, sleep disorder, tender lymph nodes and sore throat, and headache. Criteria for the diagnosis of chronic fatigue syndrome have been published by the Centers for Disease Control. The National Institutes of Health and the Centers for Disease Control have both recognized chronic fatigue syndrome as a disabling illness. Mr. Magee fulfills the criteria as published by the Centers for Disease Control. An additional complication for Mr. Magee is that because of the severity of his symptoms and his personality structure he has become quite depressed as a result of his illness. I would emphasize that the depression is secondary to the physical illness that he has rather than his difficulties being caused by emotional illness. He was first evaluated in this office on September 18, 2000, and at that time he mentioned that he first became ill in April of 1995 although there has been a gradual worsening of his symptoms. Because of the gradual worsening it is not possible to date a specific day when he became unable to work, however, it was clear to me that he was having a steady progression of his illness and he first went on disability in April of 2003. It was at his insistence that he return back to work in August of 2003. He has always been very eager to return to full-time employment and occupation, and this has been part of the difficulty that he has been experiencing as he is just not able to do it. In December of 2003 he had become more depressed and was not successful at his work and was returned to disability. In the second week of January of 2004, Mr. Magee had to drop off medical certification paperwork to this office. That had to be rescheduled due to poor weather as the

RE: Mr. John Magee  
March 12, 2004  
Page 2

roads were not possible to be travelled on for many days at around this time. In January he was rescheduled again because he was too ill to travel, which is a complication that occurs with some patients who do have chronic fatigue syndrome. He did return to the office on January 26th and I dictated a letter regarding his disability on that day. That letter was not transcribed until February 2nd of 2004 and he did not receive it for two or three days after that. The normal turn-around for dictations in my office is two to three weeks and it should be understood that complex dictation such as this cannot be done instantaneously. It is my understanding that he was terminated from his employment because the paperwork was several days late which, to me, seems unrealistic and inappropriate.

In summary, Mr. Magee is a hard-working, sincere gentleman who has no primary psychiatric disturbance and who has no hints of malingering, hypochondriasis or falsification of data. He has been very ill with chronic fatigue syndrome and orthostatic intolerance and as a result has had difficulty in getting to appointments and travelling. He has attempted to continue full-time employment despite his illness, which attests to his sincerity. There is no question in my mind but that he is not working solely because of the physical illness that he has and that if he had any choice, he would be working full time. It is also my belief that his termination from his employment was because of a clerical difficulty with returning the paperwork on time and that this is inappropriate. Certainly there must be some common sense applied to these things if patients are in the hospital or having surgery; the same would apply in this case.

I would be more than happy to testify in front of the Peer Panel on Mr. Magee's behalf. Please do not hesitate to call.

Very truly yours,



David S. Bell, M.D.

DSB:ds  
Dictated, not read.

040907018478

David S. Bell, M.D.  
77 South Main Street  
Lyndonville, New York 14098

Telephone: (585) 765-2060

March 1, 2004

To Whom It May Concern:

John Magee was seen in this office on February 25, 2004, in follow of his chronic fatigue syndrome and orthostatic intolerance. He has been having difficulties with cognitive function and short-term memory and has been more forgetful, which is characteristic of this illness. He was fired from his job because our last letter did not arrive on February 3rd as was required by the company. I told him that in my opinion he was absent from work because of his illness and not because of any poor performance, laziness or other character flaws and that as such he should be entitled to whatever disability the employer offered.

At the present time his symptoms remain about the same. He continues to have marked activity limitation. He is up and around two a day. He has severe fatigue, exhaustion, post-exertional malaise, impaired memory and concentration, muscle pain, joint pain, unrefreshing sleep and headache. His pattern of symptoms was not substantially improved with his Effexor and that has been tapered off and he has now started Wellbutrin. He continues to be depressed and upset about his current difficulties and I feel that much of this depression is secondary to the biologic illness causing his activity limitation, namely the orthostatic intolerance. He left work because of this illness on December 15th, although he struggled to stay doing his job for a prolonged time prior to this. At the present time he is completely and totally disabled and his prognosis is poor for recovery to a normal functional state. If you have any specific questions, please do not hesitate to call.

Very truly yours,



David S. Bell, M.D.

DSB:ds  
Dictated, not read.

ML0420

040907018478

**Rochester General Hospital Laboratory**  
Theodor K. Mayer, MD PhD

1425 Portland Ave.  
Rochester, NY 14621

MAIL

**CLINICAL LABORATORIES**  
Client Services  
(585) 922-4451

COLLECTION DATE & TIME	REPORT DATE & TIME	ACCESSION NUMBER	LOCATION
08/05/2004 09:35	08/06/2004 03:40	20052983	RMDO

PHYSICIAN	PATIENT INFORMATION
BELL, DAVID S 77 SOUTH MAIN STREET BOX 495 LYNDONVILLE NY 14098 MAIL	MAGEE, JOHN MR# : R0000821034 SEX: M DOB : 12/07/1959 AGE: 44 CHART: NG ADM: 08/05/04 PHONE: (585) 624-9306

Ordering Doctor: BELL, DAVID S  
Copies to: BALAJI, KARAI

**VIT B12**

Vitamin B12 Ref. Range: .pg/mL  
Normal: >220  
Indeterminant: 150-220  
Deficient: <150

576

pg/mL 220-1000

**FOLATE**

Folate Ref. Range: .ng/mL  
Normal: >3.0  
Indeterminant: 1.5-3.0  
Deficient: <1.5

H >24.0

ng/mL 3.0-16.0

**ENDOCRINE CHEMISTRY**

**TSH**

ANTI-TPO AB

ANTI-THYROGLOBULIN AB

TESTOSTERONE

**IMMUNOLOGY**

ANA SCREEN

IGA

**REFERENCE LAB**

GLIADIN ANTIBODY IGG a  
GLIADIN ANTIBODY IGA a  
RETICULIN AB, IGA SCREEN a  
RETICULIN AB, IGA TITER a

TRANSGLUTAMINASE AB, IGA a

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**Legend: L-Low H-High C-Critical T-Toxic X-absurd AB-abnormal**

Site codes: B-Lakeside	G-Genesee	R-RGH	W-Newark Wayne	a-ARUP
156 West Ave	224 Alexander St	1425 Portland Ave	111 Driving Park Ave	500 Chipeta Way
Brockport, NY	Rochester, NY	Rochester, NY	Newark, NY	Salt Lake City, UT

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Page: 3 of 3

040907018478

**Rochester General Hospital Laboratory**  
Theodor K. Mayer, MD PhD

1425 Portland Ave.  
Rochester, NY 14621

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**CLINICAL LABORATORIES**

Client Services

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Ordering Doctor: BELL, DAVID S  
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creatinine. A GFR less than 60 may alter clinical management decisions. A GFR within the age-adjusted reference range does not exclude kidney disease.

SODIUM	138	mEq/L	135-145
POTASSIUM	4.3	mEq/L	3.5-5.0
CHLORIDE	102	mEq/L	98-108
CO2	26	mEq/L	22-30
ANION GAP	10	mEq/L	7-16
CALCIUM	9.2	mg/dL	8.5-10.2
TOTAL PROTEIN	7.3	g/dL	6.4-8.2
ALBUMIN	4.4	g/dL	3.2-5.0
GLOBULIN	2.9	g/dL	2.7-4.3
ALK PHOS	98	U/L	30-135
AST	35	U/L	7-37
ALT	75	U/L	20-65
BILLI, TOTAL	0.6	mg/dL	0.0-1.0
CHOLESTEROL	204	mg/dL	100-200
TRIGLYCERIDES	260	mg/dL	30-190
HDL CHOLESTEROL	48	mg/dL	35-130
LDL (calc)	104	mg/dL	65-130
CHOL/HDL RATIO	4.3		

CHD Risk Group	CHOL/HDL RATIO Men	CHOL/HDL RATIO Women
Lowest	<3.8	<2.9
Low	3.8-4.7	2.9-3.6
Moderate	4.8-5.9	3.7-4.6
High	>5.9	>4.6

**Legend: L-Low H-High C-Critical T-Toxic X-absurd AB-abnormal**

Site codes: B-Lakeside 156 West Ave Brockport, NY	G-Genesee 224 Alexander St Rochester, NY	R-RGH 1425 Portland Ave Rochester, NY	W-Newark Wayne 111 Driving Park Ave Newark, NY	a-ARUP 500 Chipeta Way Salt Lake City, UT
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Page: 2 of 3

**Rochester General Hospital Laboratory**  
Theodor K. Mayer, MD PhD

1425 Portland Ave.  
Rochester, NY 14621

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Ordering Doctor: BELL, DAVID S  
Copies to: BALAJI, KARAI

**HEMATOLOGY**

**CBC/ROUTINE HEMATOLOGY**

WBC	6.9	$10^3/uL$	4.0-11.0
RBC	4.91	$10^6/uL$	4.40-6.20
HGB	14.4	g/dL	13.0-18.0
HCT	43	%	40-52
MCV	88	fL	80-100
MCH	29.3	pg	26.0-34.0
MCHC	33.5	g/dL	32.0-36.0
RDW	11.6	%	0.0-15.2

**PLATELET COUNT**

210	$10^3/uL$	150-450
-----	-----------	---------

**SEDIMENTATION RATE**

14	mm/hr	0-15
----	-------	------

**WBC DIFFERENTIAL**

NEUTROPHILS	64	%	45-75
LYMPHOCYTES	26	%	15-45
MONOCYTES	7	%	0-15
EOSINOPHILS	2	%	0-5
BASOPHILS	1	%	0-3
NEUTROPHIL #	4.4	$10^3/uL$	1.8-8.0
LYMPHOCYTE #	1.8	$10^3/uL$	1.0-4.8
MONOCYTE #	0.5	$10^3/uL$	0.1-1.0
EOSINOPHIL #	0.1	$10^3/uL$	0.0-0.6
BASOPHIL #	0.1	$10^3/uL$	0.0-0.2

**CHEMISTRY**

**GENERAL CHEMISTRY**

GLUCOSE	H 120	mg/dL	65-110
BUN	13	mg/dL	8-20
CREATININE	1.1	mg/dL	0.7-1.4
GFR CAUCASIAN	77	mL/min	63-147
GFR BLACK	94	mL/min	63-147

For both GFR CAUCASIAN and GFR BLACK, the accuracy of the GFR calculation is contingent on a stable level of serum

Legend: L-Low H-High C-Critical T-Toxic X-absurd AB-abnormal

Site codes: B-Lakeside	G-Genesee	R-RGH	W-Newark Wayne	a-AROP
156 West Ave	224 Alexander St	1425 Portland Ave	111 Driving Park Ave	500 Chipeta Way
Brockport, NY	Rochester, NY	Rochester, NY	Newark, NY	Salt Lake City, UT

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Page: 1 of 3

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Theodor K. Mayer, MD PhD1425 Portland Ave.  
Rochester, NY 14621

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## Partial Report

## CLINICAL LABORATORIES

Chen S. S. 4451

COLLECTION DATE &amp; TIME

REPORT DATE

ACCESSION NUMBER

TEST LOCATION

08/05/2004  
09:3508/09/2004  
03:40

20052983

RMD0

## PHYSICIAN

## PATIENT INFORMATION

BELL, DAVID S  
77 SOUTH MAIN STREET  
BOX 495  
LYNDONVILLE NY 14098

MAIL

MAGEE, JOHN  
MR# : R0000821034 SEX: M  
DOB : 12/07/1959 AGE: 44  
CHART: NG ADM: 08/05/04  
PHONE: (585) 624-9306

Ordering Doctor: BELL, DAVID S. FLAG

RESULTS

REFERENCE RANGE

Copies to: BALAJI, KARAI

HEMATOLOGYCBC/ROUTINE HEMATOLOGY

WBC	6.9	10 <sup>3</sup> /uL	4.0-11.0
RBC	4.91	10 <sup>6</sup> /uL	4.40-6.20
HGB	14.4	g/dL	13.0-18.0
HCT	43	%	40-52
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MCH	29.3	pg	26.0-34.0
MCHC	33.5	g/dL	32.0-36.0
RDW	11.6	%	0.0-15.2

PLATELET COUNT210 10<sup>3</sup>/uL 150-450SEDIMENTATION RATE

14 mm/hr 0-15

WBC DIFFERENTIAL

NEUTROPHILS	64	%	45-75
LYMPHOCYTES	26	%	15-45
MONOCYTES	7	%	0-15
EOSINOPHILS	2	%	0-5
BASOPHILS	1	%	0-3
NEUTROPHIL #	4.4	10 <sup>3</sup> /uL	1.8-8.0
LYMPHOCYTE #	1.8	10 <sup>3</sup> /uL	1.0-4.8
MONOCYTE #	0.5	10 <sup>3</sup> /uL	0.1-1.0
EOSINOPHIL #	0.1	10 <sup>3</sup> /uL	0.0-0.6
BASOPHIL #	0.1	10 <sup>3</sup> /uL	0.0-0.2

CHEMISTRYGENERAL CHEMISTRY

GLUCOSE	H 120	mg/dL	65-110
BUN	13	mg/dL	8-20
CREATININE	1.1	mg/dL	0.7-1.4
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Page: 1 of 3

AUG 10 2004

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Rochester, NY 14621

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## Partial Report

CLINICAL LABORATORIES	COLLECTION DATE & TIME	REPORT DATE & TIME	ACCESSION NUMBER	LOCATION
Client Service 4451	08/05/2004 09:35	08/09/2004 03:40	20052983	RMDO

PHYSICIAN	PATIENT INFORMATION
BELL, DAVID S 77 SOUTH MAIN STREET BOX 495 LYNDONVILLE NY 14098 MAIL	MAGEE, JOHN MR# : R0000821034 SEX: M DOB : 12/07/1959 AGE: 44 CHART: NG ADM: 08/05/04 PHONE: (585) 624-9306

Ordering Doctor	TEST	RESULTS	REFERENCE RANGE
-----------------	------	---------	-----------------

Copies to: BALAJI, KARAI

creatinine. A GFR less than 60 may alter clinical management decisions. A GFR within the age-adjusted reference range does not exclude kidney disease.

SODIUM	138	mEq/L	135-145
POTASSIUM	4.3	mEq/L	3.5-5.0
CHLORIDE	102	mEq/L	98-108
CO2	26	mEq/L	22-30
ANION GAP	10	mEq/L	7-16
CALCIUM	9.2	mg/dL	8.5-10.2
TOTAL PROTEIN	7.3	g/dL	6.4-8.2
ALBUMIN	4.4	g/dL	3.2-5.0
GLOBULIN	2.9	g/dL	2.7-4.3
ALK PHOS	98	U/L	30-135
AST	35	U/L	7-37
ALT	75	U/L	20-65
BILI, TOTAL	0.6	mg/dL	0.0-1.0
CHOLESTEROL	204	mg/dL	100-200
TRIGLYCERIDES	260	mg/dL	30-190
HDL CHOLESTEROL	48	mg/dL	35-130
LDL (calc)	104	mg/dL	65-130
CHOL/HDL RATIO	4.3		

CHD	CHOL/HDL RATIO
Risk Group	Men Women
Lowest	<3.8 <2.9
Low	3.8-4.7 2.9-3.6
Moderate	4.8-5.9 3.7-4.6
High	>5.9 >4.6

Legend: L-Low H-High C-Critical T-Toxic X-absurd AB-abnormal

Site codes: B-Lakeside G-Genesee R-RGH W-Newark Wayne a-AROP  
156 West Ave 224 Alexander St 1425 Portland Ave 111 Driving Park Ave 500 Chipeta Way  
Brookport, NY Rochester, NY Rochester, NY Newark, NY Salt Lake City, UT

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Page: 2 of 3

Rochester General Hospital Laboratory  
Theodor K. Mayer, MD PhD

1425 Portland Ave.  
Rochester, NY 14621

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**Partial Report**

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Clinical Services 4451	08/05/2004 09:35	08/09/2004 03:40	20052983	RMDO

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ORDERING DOCTOR	TESTS	RESULTS	REFERENCE RANGE
-----------------	-------	---------	-----------------

Copies to: BALAJI, KARAI

VIT B12 576 pg/mL 220-1000  
Vitamin B12 Ref. Range:..pg/mL  
Normal:.....>220  
Indeterminant:.....150-220  
Deficient:.....<150

FOLATE H >24.0 ng/mL 3.0-16.0  
Folate Ref. Range:..pg/mL  
Normal:.....>3.0  
Indeterminant:.....1.5-3.0  
Deficient:.....<1.5

**ENDOCRINE CHEMISTRY**

TSH 1.74 uIU/mL 0.35-5.50  
ANTI-TPO AB pend IU  
ANTI-THYROGLOBULIN AB pend IU  
TESTOSTERONE 419 ng/dL 300-1000

**IMMUNOLOGY**

ANA SCREEN NEG (NEGATIVE)  
IGA 353 mg/dL 60-360

**SEROLOGY**

MONO TEST ordered

**REFERENCE LAB**

GLIADIN ANTIBODY IGG a pend  
GLIADIN ANTIBODY IGA a pend  
RETICULIN AB, IGA SCREEN a pend  
RETICULIN AB, IGA TITER a pend  
TRANSGLUTAMINASE AB, IGA a pend

Legend: L-Low H-High C-Critical T-Toxic X-absurd AB-abnormal

Site codes: B-Lakeside G-Genesee R-RGH W-Newark Wayne a-ARUP  
156 West Ave 224 Alexander St 1425 Portland Ave 111 Driving Park Ave 500 Chipeta Way  
Brockport, NY Rochester, NY Rochester, NY Newark, NY Salt Lake City, UT

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Page: 3 of 3

77 SOUTH MAIN STREET  
LYNDONVILLE, NEW YORK 14098

## Chronic Fatigue Syndrome Follow-up Form

Name: John MasgelDate: Aug 13 '041. Global Impression of Severity: Please check the level which most applies to you in the past 2 weeks.

- ☐ 1. I feel well and vigorous, and have normal daily activity.  
☐ 2. I feel mildly ill, and have some restriction of activity due to fatigue.  
☐ 3. I feel moderately ill, and my activity is restricted on a daily basis.  
☐ 4. I feel quite ill much of the time, and my activity is quite restricted.  
☒ 5. I feel very ill, and my activity is severely restricted.  
☐ 6. I feel extremely ill, and rarely get out of bed.

Transferrin  
Factor2. Please list all medications you are taking:

1. Wellbutrin  
 2. Lexapro  
 3. clonidine  
 4. midodrine  
 5. Cosopt

6. Vicodin  
 7.  
 8.  
 9.  
 10.

3. Since your last visit here, have you been diagnosed with any other illnesses? no  
 If yes, please describe:

4. Daily Activity: Please list the number of hours spent in each of the following categories for an average day during the past week (total should add to 24 hours):

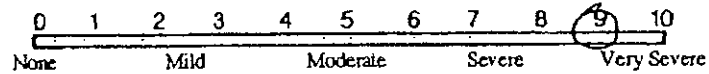
- a) Total hours sleeping: 14  
 b) Rest, but not sleeping: 8  
 (resting, watching TV, light reading, etc)  
 c) Light to moderate activity: 2  
 (shopping, housework, meals, etc):  
 d) Vigorous activity: 0  
 (exercise, heavy cleaning, sports, etc):  
 24 hours

e) How many hours could you be out of the house at any one time on average during the past 2 weeks?

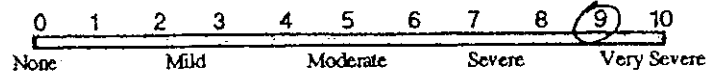
1 hours

5. Symptom Severity: For each of the following symptoms please mark the scale that most closely correlates with the degree of the symptom over the past week.

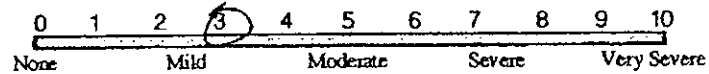
Fatigue or exhaustion:



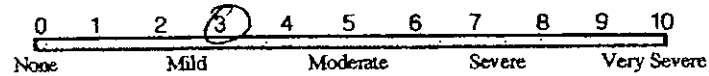
Impaired memory or concentration



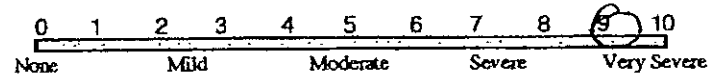
Sore throat:



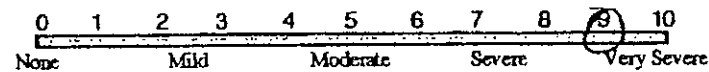
Tender lymph nodes:



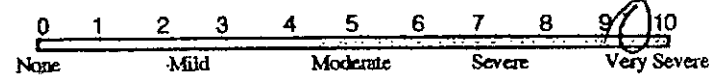
Muscle pain:



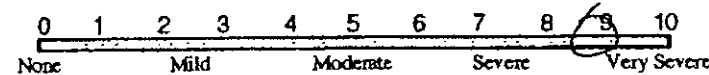
Joint pain:



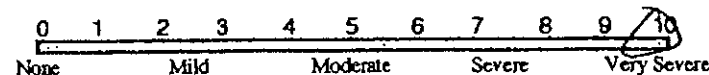
Headache:



Unrefreshing sleep:



Malaise or exhaustion after exertion:



040907018478

**7. Activity Estimate:** Please estimate your overall activity in the past month as to what your activity would be if you were well.

Please circle one: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

**8. Wood Mental Fatigue Inventory** (*Br J Clin Psych* 1993; 32:375-9.) In the past week, how much have you been bothered by each of the following? Please circle the appropriate number.

	Not at all	A little	Somewhat	Quite a lot	Very much
1. Spells of confusion	0	1	2	<u>3</u>	4
2. Thoughts getting mixed up	0	1	2	<u>3</u>	4
3. Poor concentration	0	1	2	<u>3</u>	4
4. Can't easily make decisions	0	1	2	<u>3</u>	4
5. Poor memory for recent events	0	1	2	<u>3</u>	4
6. Can't take things in when speaking to people	0	1	2	<u>3</u>	4
7. Thoughts are slow	0	1	2	<u>3</u>	4
8. Muzzy or foggy head	0	1	2	<u>3</u>	4
9. Can't find the right words	0	1	2	3	<u>4</u>

**9. Epworth Sleepiness Scale:** (Johns MW. *Sleep* 1991;14:540-545) Over the past few weeks, how likely are you to doze or fall asleep in the following situations, in contrast to feeling just tired?

<u>Situation</u>	<u>would never doze</u>	<u>slight chance of dozing</u>	<u>moderate chance</u>	<u>high chance</u>
Sitting and reading	<u>0</u>	1	2	3
Watching TV	<u>0</u>	1	2	3
Sitting (inactive) in public	<u>0</u>	1	2	3
As a passenger in a car for one hour without a break	<u>0</u>	1	2	3
Lying down to rest in the afternoon	0	<u>1</u>	2	3
Sitting and talking to someone	<u>0</u>	1	2	3
Sitting quietly after lunch without alcohol	<u>0</u>	1	2	3
In a car, while stopped for a few minutes in traffic	<u>0</u>	1	2	3

6. Fatigue Impact Scale. [Fisk JD and co-workers. C I D.1994;18(Suppl 1):S79-S83.] The following statements are designed to determine how much impact fatigue has had on your life in the past month. Please indicate the most appropriate response for each statement below by circling 0 for no impact, 1 for slight impact, 2 for moderate impact, 3 for a big impact; and 4 for a very severe impact or problem.

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. I feel less alert.   | 0 | 1 | 2 | 3 | 4 |
| 2. I am more isolated from social contact.                                | 0 | 1 | 2 | 3 | 4 |
| 3. I have to reduce my workload or responsibilities.                      | 0 | 1 | 2 | 3 | 4 |
| 4. I am more moody.   | 0 | 1 | 2 | 3 | 4 |
| 5. I have difficulty paying attention for a long period.                  | 0 | 1 | 2 | 3 | 4 |
| 6. I feel like I cannot think clearly.                                    | 0 | 1 | 2 | 3 | 4 |
| 7. I work less effectively (work inside or outside the home).             | 0 | 1 | 2 | 3 | 4 |
| 8. I have to rely more on others to help me or do things for me.          | 0 | 1 | 2 | 3 | 4 |
| 9. I have difficulties planning activities ahead of time.                 | 0 | 1 | 2 | 3 | 4 |
| 10. I am more clumsy and uncoordinated.                                   | 0 | 1 | 2 | 3 | 4 |
| 11. I find that I am more forgetful.                                      | 0 | 1 | 2 | 3 | 4 |
| 12. I am more irritable and more easily angered.                          | 0 | 1 | 2 | 3 | 4 |
| 13. I have to be careful about pacing my physical activities.             | 0 | 1 | 2 | 3 | 4 |
| 14. I am less motivated to do anything that requires physical effort.     | 0 | 1 | 2 | 3 | 4 |
| 15. I am less motivated to engage in social activities.                   | 0 | 1 | 2 | 3 | 4 |
| 16. My ability to travel outside my home is limited.                      | 0 | 1 | 2 | 3 | 4 |
| 17. I have trouble maintaining physical effort for long periods.          | 0 | 1 | 2 | 3 | 4 |
| 18. I find it difficult to make decisions.                                | 0 | 1 | 2 | 3 | 4 |
| 19. I have few social contacts outside of my own home.                    | 0 | 1 | 2 | 3 | 4 |
| 20. Normal day-to-day events are stressful for me.                        | 0 | 1 | 2 | 3 | 4 |
| 21. I am less motivated to do anything that requires thinking.            | 0 | 1 | 2 | 3 | 4 |
| 22. I avoid situations that are stressful for me.                         | 0 | 1 | 2 | 3 | 4 |
| 23. My muscles feel much weaker than they should.                         | 0 | 1 | 2 | 3 | 4 |
| 24. My physical discomfort is increased.                                  | 0 | 1 | 2 | 3 | 4 |
| 25. I have difficulty dealing with anything new.                          | 0 | 1 | 2 | 3 | 4 |
| 26. I am less able to finish tasks that require thinking.                 | 0 | 1 | 2 | 3 | 4 |
| 27. I feel unable to meet the demands that people place on me.            | 0 | 1 | 2 | 3 | 4 |
| 28. I am less able to provide financial support for myself and my family. | 0 | 1 | 2 | 3 | 4 |
| 29. I engage in less sexual activity.                                     | 0 | 1 | 2 | 3 | 4 |
| 30. I find it difficult to organize my thoughts when I am doing things.   | 0 | 1 | 2 | 3 | 4 |
| 31. I am less able to complete tasks that require physical effort.        | 0 | 1 | 2 | 3 | 4 |
| 32. I worry about how I look to other people.                             | 0 | 1 | 2 | 3 | 4 |
| 33. I am less able to deal with emotional issues.                         | 0 | 1 | 2 | 3 | 4 |
| 34. I feel slowed down in my thinking.                                    | 0 | 1 | 2 | 3 | 4 |
| 35. I find it hard to concentrate.  | 0 | 1 | 2 | 3 | 4 |
| 36. I have difficulty participating fully in family activities.           | 0 | 1 | 2 | 3 | 4 |
| 37. I have to limit my physical activities.                               | 0 | 1 | 2 | 3 | 4 |
| 38. I require more frequent and longer periods of rest.                   | 0 | 1 | 2 | 3 | 4 |
| 39. I am not able to provide as much emotional support to my family.      | 0 | 1 | 2 | 3 | 4 |
| 40. Minor difficulties seem like major difficulties.                      | 0 | 1 | 2 | 3 | 4 |

Chronic Fatigue Syndrome Follow-up Form

Name John Magee

Date: 5/18/04

1. Global Impression of Severity: Please check the level which most applies to you in the past 2 weeks.

- ☐ 1. I feel well and vigorous, and have normal daily activity.  
☐ 2. I feel mildly ill, and have some restriction of activity due to fatigue.  
☐ 3. I feel moderately ill, and my activity is restricted on a daily basis.  
☐ 4. I feel quite ill much of the time, and my activity is quite restricted.  
☒ 5. I feel very ill, and my activity is severely restricted.  
☐ 6. I feel extremely ill, and rarely get out of bed.

2. Please list all medications you are taking:

- |                  |            |
|------------------|------------|
| 1. klonopin      | 6. Vicodin |
| 2. lexapro       | 7.         |
| 3. lipitor       | 8.         |
| 4. wellbutrin XR | 9.         |
| 5. Cosopt        | 10.        |

3. Since your last visit here, have you been diagnosed with any other illnesses? no  
If yes, please describe:

4. Daily Activity: Please list the number of hours spent in each of the following categories for an average day during the past week (total should add to 24 hours):

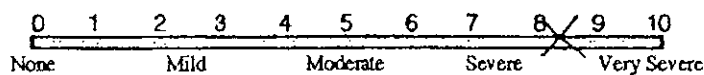
- |  |                         |
|--|-------------------------|
| a) Total hours sleeping:   | <u><del>10</del> 11</u> |
| b) Rest, but not sleeping:<br>(resting, watching TV, light reading, etc) | <u>11</u>               |
| c) Light to moderate activity:<br>(shopping, housework, meals, etc):     | <u>2</u>                |
| d) Vigorous activity<br>(exercise, heavy cleaning, sports, etc):         | <u>0</u><br>24 hours    |

e) How many hours could you be out of the house at any one time on average during the past 2 weeks?

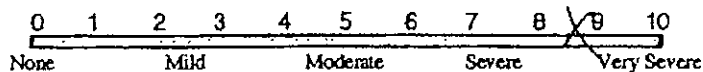
~2 hours

5. Symptom Severity: For each of the following symptoms please mark the scale that most closely correlates with the degree of the symptom over the past week.

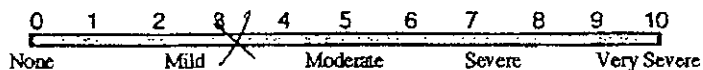
Fatigue or exhaustion:



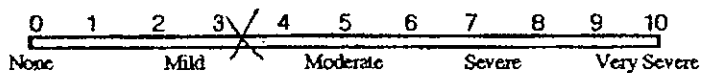
Impaired memory or concentration



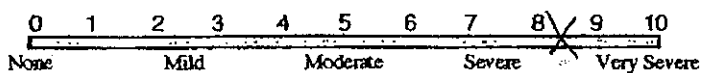
Sore throat:



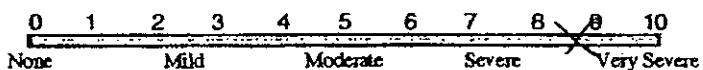
Tender lymph nodes:



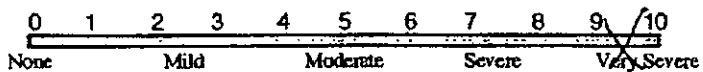
Muscle pain:



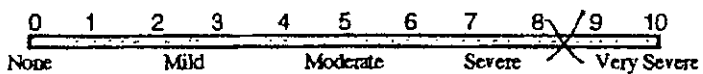
Joint pain:



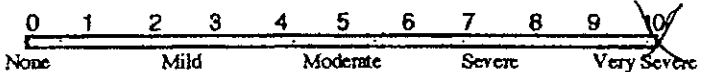
Headache:



Unrefreshing sleep:



Malaise or exhaustion after exertion:



**7. Activity Estimate:** Please estimate your overall activity in the past month as to what your activity would be if you were well.

Please circle one: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

**8. Wood Mental Fatigue Inventory** (*Br J Clin Psych* 1993; 32:375-9.) In the past week, how much have you been bothered by each of the following? Please circle the appropriate number.

	Not at all	A little	Somewhat	Quite a lot	Very much
1. Spells of confusion	0	1	2	<u>3</u>	4
2. Thoughts getting mixed up	0	1	2	<u>3</u>	4
3. Poor concentration	0	1	2	<u>3</u>	4
4. Can't easily make decisions	0	1	2	<u>3</u>	4
5. Poor memory for recent events	0	1	2	3	<u>4</u>
6. Can't take things in when speaking to people	0	1	2	<u>3</u>	4
7. Thoughts are slow	0	1	2	<u>3</u>	4
8. Muzzy or foggy head	0	1	2	<u>3</u>	4
9. Can't find the right words	0	1	2	3	<u>4</u>

**9. Epworth Sleepiness Scale:** (Johns MW. *Sleep* 1991;14:540-545) Over the past few weeks, how likely are you to doze or fall asleep in the following situations, in contrast to feeling just tired?

Situation	would never doze	slight chance of dozing	moderate chance	high chance
Sitting and reading	<u>0</u>	1	2	3
Watching TV	<u>0</u>	1	2	3
Sitting (inactive) in public	<u>0</u>	1	2	3
As a passenger in a car for one hour without a break	<u>0</u>	1	2	3
Lying down to rest in the afternoon	0	1	<u>2</u>	3
Sitting and talking to someone	<u>0</u>	1	2	3
Sitting quietly after lunch without alcohol	<u>0</u>	1	2	3
In a car, while stopped for a few minutes in traffic	<u>0</u>	1	2	3

**6. Fatigue Impact Scale.** [Fisk JD and co-workers. C I D.1994;18(Suppl 1):S79-S83.] The following statements are designed to determine how much impact fatigue has had on your life in the past month. Please indicate the most appropriate response for each statement below by circling 0 for no impact, 1 for slight impact, 2 for moderate impact, 3 for a big impact; and 4 for a very severe impact or problem.

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. I feel less alert.   | 0 | 1 | 2 | 3 | 4 |
| 2. I am more isolated from social contact.                                | 0 | 1 | 2 | 3 | 4 |
| 3. I have to reduce my workload or responsibilities.                      | 0 | 1 | 2 | 3 | 4 |
| 4. I am more moody.   | 0 | 1 | 2 | 3 | 4 |
| 5. I have difficulty paying attention for a long period.                  | 0 | 1 | 2 | 3 | 4 |
| 6. I feel like I cannot think clearly.                                    | 0 | 1 | 2 | 3 | 4 |
| 7. I work less effectively (work inside or outside the home).             | 0 | 1 | 2 | 3 | 4 |
| 8. I have to rely more on others to help me or do things for me.          | 0 | 1 | 2 | 3 | 4 |
| 9. I have difficulties planning activities ahead of time.                 | 0 | 1 | 2 | 3 | 4 |
| 10. I am more clumsy and uncoordinated.                                   | 0 | 1 | 2 | 3 | 4 |
| 11. I find that I am more forgetful.                                      | 0 | 1 | 2 | 3 | 4 |
| 12. I am more irritable and more easily angered.                          | 0 | 1 | 2 | 3 | 4 |
| 13. I have to be careful about pacing my physical activities.             | 0 | 1 | 2 | 3 | 4 |
| 14. I am less motivated to do anything that requires physical effort.     | 0 | 1 | 2 | 3 | 4 |
| 15. I am less motivated to engage in social activities.                   | 0 | 1 | 2 | 3 | 4 |
| 16. My ability to travel outside my home is limited.                      | 0 | 1 | 2 | 3 | 4 |
| 17. I have trouble maintaining physical effort for long periods.          | 0 | 1 | 2 | 3 | 4 |
| 18. I find it difficult to make decisions.                                | 0 | 1 | 2 | 3 | 4 |
| 19. I have few social contacts outside of my own home.                    | 0 | 1 | 2 | 3 | 4 |
| 20. Normal day-to-day events are stressful for me.                        | 0 | 1 | 2 | 3 | 4 |
| 21. I am less motivated to do anything that requires thinking.            | 0 | 1 | 2 | 3 | 4 |
| 22. I avoid situations that are stressful for me.                         | 0 | 1 | 2 | 3 | 4 |
| 23. My muscles feel much weaker than they should.                         | 0 | 1 | 2 | 3 | 4 |
| 24. My physical discomfort is increased.                                  | 0 | 1 | 2 | 3 | 4 |
| 25. I have difficulty dealing with anything new.                          | 0 | 1 | 2 | 3 | 4 |
| 26. I am less able to finish tasks that require thinking.                 | 0 | 1 | 2 | 3 | 4 |
| 27. I feel unable to meet the demands that people place on me.            | 0 | 1 | 2 | 3 | 4 |
| 28. I am less able to provide financial support for myself and my family. | 0 | 1 | 2 | 3 | 4 |
| 29. I engage in less sexual activity.                                     | 0 | 1 | 2 | 3 | 4 |
| 30. I find it difficult to organize my thoughts when I am doing things.   | 0 | 1 | 2 | 3 | 4 |
| 31. I am less able to complete tasks that require physical effort.        | 0 | 1 | 2 | 3 | 4 |
| 32. I worry about how I look to other people.                             | 0 | 1 | 2 | 3 | 4 |
| 33. I am less able to deal with emotional issues.                         | 0 | 1 | 2 | 3 | 4 |
| 34. I feel slowed down in my thinking.                                    | 0 | 1 | 2 | 3 | 4 |
| 35. I find it hard to concentrate.  | 0 | 1 | 2 | 3 | 4 |
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| 37. I have to limit my physical activities.                               | 0 | 1 | 2 | 3 | 4 |
| 38. I require more frequent and longer periods of rest.                   | 0 | 1 | 2 | 3 | 4 |
| 39. I am not able to provide as much emotional support to my family.      | 0 | 1 | 2 | 3 | 4 |
| 40. Minor difficulties seem like major difficulties.                      | 0 | 1 | 2 | 3 | 4 |

IC of Visit: 2/25/04 NAME: Magu, John  
 ;C: 444  
 ed. Allergies: codeine, Iodine

David S. Bell, M.D.  
 77 South Main Street  
 Lyndonville, NY 14098  
 716-765-2060

1cds: See med list

PMH: CAD/HTN/COPD/CVA/DM/Epilepsy/RA/  
 Osteoarthritis/None  
 Other:

CC: CPSM

HPI:

Overall about the same Emotionally -  
 in psychiat - Dr. Tarnat; Stopped ex effort  
 started wellbutrin  
 work - fired; appeals in progress. last paycheck  
 forwarded. DICC list now out - was looking

Looks Well: Mildly Ill: Toxic:

PSH: CABG/Appendectomy/GB/tysterectomy/Hernia Repair/  
 Tubal Ligation/None  
 Other:

ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional - Fever/Chills/Weakness GU-Dysuria/Frequency/Urgency

HEENT - Visual Changes/Exophthalmos/Sore Throat Neuro - Altered level of Consciousness/Seizure/  
 Dizziness/LOC/Local Weakness

Respiratory - Cough/Production/Whooping/SOB Skin - Itch/Ulcer

CVS - Chest Pain/Edema/Palpitations

Musculoskeletal - Myalgias/Arthralgias/  
 Neck Pain/Back Pain

GI - Abdominal Pain/Nausea/Vomiting/  
 Diarrhea/Constipation

Psychiatric - Anxiety/Depression/Suicidal Ideation/  
 Homicidal Ideation

Other:

SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None

Other:

PE:

General - ☒ Normal

Head - ☒ Normal

Eyes/Ears - ☒ Normal

Nose/Throat - ☒ Normal

Neck - ☒ Normal

CVS - ☒ Normal

Lung/Chest - ☒ Normal

Abdominal/Rectal - ☒ Normal

Extremities - ☒ Normal

Neuro - ☒ Normal

Skin - ☒ Normal

WT: 244/lbs. HT: R: 20

T: 97.0 P: 84 BP: 108/68

FH: CAD/COPD/DM/HTN/CVA/None

Other:

Td: UTI/Noncurrent/VN/A

LMP: Postmenopausal/ N/A

LAB/ XRAY / EKG

Assessment and Plan/Re-Assessment/Procedures

Depression  
 alcohol intolerance  
 hypochloria

RETURN  
 Discussion Held (Time)

Date of Visit:

Age:

Med. Allergies:

Meds:

CC:

HPI:

NAME: Magee, John

David S. Bell, M.D.  
77 South Main Street  
Lyndonville, NY 14098

716-765-2060

VADMEpilepsyRAV  
eDate 2-3-04 Time 10<sup>18</sup> ☒ AM ☐ PMPatient Magee, John 624-9306Caller Sue Keenan -PHIComplaint 423-9580 Same ☐PICC line came out 2-3-04

Response

12-24-03-30 bags dispensed 2-3-04 24 Bags IV fluid leftConcern is pt infusing regularlyRx Advised Dr Bell out of town until 2-9-04 -  
Will discuss w him next Monday. P. Cohen

Looks W

ROS:

Constitutional-Fever/Chills/Weakness	GU-Dysuria/Frequency/Urgency
HEENT-Visual Changes/Earache/Sore Throat	Neuro-Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness
Respiratory-Cough/Production/Wheezing/SOB	Skin-Itch/Ulcer
CVS-Chest Pain/Edema/Palpitations	Musculoskeletal-Myalgias/Arthralgias/ Neck Pain/Back Pain
GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation	Psychiatric-Anxiety/Depression/Suicidal Ideation/ Homicidal Ideation

SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None

Other:

2-9-04 - Advised pt we will discuss replacement  
of PICC line @ next dv @ the end of this month

PE:

General-	Normal
Head-	Normal
Eyes/Ears-	Normal
Nose/Throat-	Normal
Neck-	Normal
CVS-	Normal
Lung/Chest-	Normal
Abdominal/Rectal-	Normal
Extremities-	Normal
Neuro-	Normal
Skin-	Normal

WT: HT: R: Pc

T: P: BP:

FH: CAU/COPD/UMH/TN/CVA/None

Other:

Td: UTI/Hemocult/N/ALMP: Postmenopausal/ N/A

LAD/ XRAY / EKG

Assessment and Plan/Re-Assessment/Procedures

RETURN  
Discussion Held (Time)

David S. Bell, M.D.  
77 South Main Street  
Lyndonville, New York 14098

Telephone: (585) 765-2060

February 2, 2004

To Whom It May Concern:

Mr. John Magee was seen on January 26th of 2004 for a follow up of his chronic fatigue syndrome, idiopathic hypovolemia and orthostatic hypotension. He has been out of work now for over a month and has been confined to bed for many days at a time. His symptoms continue to show a complete disability but there is no change from the pattern that he has. I still feel that he has chronic fatigue syndrome and orthostatic intolerance and that the depression that he is experiencing is secondary to the medical condition that he has. At the present time the prognosis is uncertain. We will be evaluating this on a monthly basis. If there are any specific questions, please do not hesitate to call.

Very truly yours,



David S. Bell, M.D.

DSB:ds  
Dictated, not read.

ML0437

Date of Visit: 1/21/04  
 Age: 1/24/04  
 Med. Allergies:

NAME: MAGEE, John

David S. Bell, M.D.  
 77 South Main Street  
 Lyndonville, NY 14098  
 716-765-2060

Meds:		PMH: CAD/HTN/COPD/CVA/DME/Epilepsy/RA/ Osteoarthritis/None Other:
CC: CFS <i>nev</i>		
HPI:		
<i>Has not worked since last visit.          Last week had 3 days unable to          get out of bed. Out of Klonopin,          bowel pain Depression 1. doesn't sleep 1 week          1 1/2 hrs if takes a Vicodin.</i>		
Looks Well:	Mildly Ill:	Toxic:
ROS: <input type="checkbox"/> Old chart reviewed. <input type="checkbox"/> ROS unobtainable.		PSH: CABG/Appendectomy/GBA hysterectomy/Hernia Repair/ Tubal Ligation/None Other:
Constitutional-Fever/Chills/Weakness		GU-Dysuria/Frequency/Urgency
HEENT-Visual Changes/Ears/ache/Sore Throat		Neuro-Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness
Respiratory-Cough/Production/Wheezing/SOB		Skin-Rash/Ulcer
CVS-Chest Pain/Edema/Palpitations		Musculoskeletal-Myalgias/Arthralgias/ Neck Pain/Back Pain
GI-Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation		Psychiatric-Anxiety/Depression/Suicidal Ideation/ Homicidal Ideation
Other:		SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:
PE:		WT: HT: R:
General- <i>walks with difficulty</i>		T: P: BP:
Head- <input checked="" type="checkbox"/>		FH: CALX/COPD/DM/HTN/CVA/None Other:
Eyes/Ears- <input checked="" type="checkbox"/>		
Nose/Throat- <input checked="" type="checkbox"/>		
Neck- <input checked="" type="checkbox"/>		
CVS- <input checked="" type="checkbox"/>		Td: <input type="checkbox"/> UTD/Incontinent/N/A
Lung/Chest- <input checked="" type="checkbox"/>		LMP: <input type="checkbox"/> Postmenopausal N/A
Abdominal/Rectal- <input checked="" type="checkbox"/>		LAB/ XRAY / EKG
Extremities- <input checked="" type="checkbox"/>		
Neuro- <input checked="" type="checkbox"/>		
Skin- <input checked="" type="checkbox"/>		

#### Assessment and Plan/Re-Assessment/Procedures

CFS  
 Hypovolemia  
 sleep pain

*see list*  
 Klonopin 0.5 b.i.d. #60 56321041  
 Vicodin 10/500 *1* P.O.T.I.D. #90  
 -8 RF

RETURN  
 Discussion Held (Time)

*DRB*

Date of Visit:

NAME:

David S. Hell, M.D.

Age:

77 South Main Street

Med. Allergies:

Lyndonville, NY 14098

716-765-2060

Meds:		PMH:	CAD/HTN/COPD/CVA/DM/Epilepsy/RA/ Osteoarthritis/None Other:
CC:			
HPI:			
Looks Well:	Mildly Ill:	Toxic:	PSH:
ROS: <input type="checkbox"/> Old chart reviewed. <input type="checkbox"/> ROS unobtainable.			CABG/Appendectomy/GB hysterectomy/Hernia Repair/ Tubal Ligation/None Other:
Constitutional—Fever/Chills/Weakness		GU—Dysuria/Frequency/Urgency	
HEENT—Visual Changes/Earache/Sore Throat		Neuro—Altered level of Consciousness/Seizure/ Dizziness/LOC/Focal Weakness	
Respiratory—Cough/Production/Wheezing/SOB		Skin—Rash/Ulcer	
CVS—Chest Pain/Edema/Palpitations		Musculoskeletal—Myalgias/Arthralgias/ Neck Pain/Back Pain	SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None Other:
GI—Abdominal Pain/Nausea/Vomiting/ Diarrhea/Constipation		Psychiatric—Anxiety/Depression/Suicidal Ideation/ Homicidal Ideation	
Other:			
PE:		WT:	HT:
General—			R:
Head—		T:	P:
Eyes/Ears—			BP:
Nose/Throat—		FH:	CAD/COPD/DM/HTN/CVA/None Other:
Neck—			
CVS—			
Lung/Chest—		Td:	UTI/Noncurrent/N/A
Abdominal/Rectal—		LMP:	Postmenstrual/ N/A
Extremities—		LAB/ XRAY / EKG	
Neuro—			
Skin—			

## Assessment and Plan/Re-Assessment/Procedures

RETURN

Discussion Held (Time)

Date of Visit: 12/12/03

NAME: MAGEE, John

Age: 44

David S. Bell, M.D.

77 South Main Street

Lyndonville, NY 14098

716-765-2060

Med. Allergies: Codeine Iodine

Meds: See Symp Rating Form

PMH: CAD/HTN/COPD/CVA/DWEpilepsy/RA/  
Osteoarthritis/None  
Other:

CC: CFS ✓

HPI:

was a little better with fluids. Last week  
was very sick. Could not work last  
week. Up + dressed usually by 1130. off 530-6  
Paw pages. Overdoes it - alcohol

Looks Well:

Mildly Ill:

Toxic:

PSH: CABG/Appendectomy/GB/Hysterectomy/Hernia Repair/  
Tubal Ligation/None  
Other:ROS: ☐ Old chart reviewed. ☐ ROS unobtainable.

Constitutional-Fever/Chills/Weakness

GU-Dysuria/Frequency/Urgency

HEENT-Visual Changes/Earache/Sore Throat

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CVS-Chest Pain/Edema/Palpitations

Musculoskeletal-Myalgias/Arthralgias/  
Neck Pain/Back PainGI-Abdominal Pain/Nausea/Vomiting/  
Diarrhea/ConstipationPsychiatric-Anxiety/Depression/Suicidal Ideation  
Homicidal Ideation

Other:

SH: Alcohol Abuse/Tobacco Abuse/Substance Abuse/None

Other:

PE:

General:

Head:

Eyes/Ears:

Nose/Throat:

Neck:

CVS:

Lung/Chest:

Abdominal/Rectal:

Extremities:

Neuro:

Skin:

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Normal

WT: 254 lbs HT: R: 20

T: 95.7 P: 88 BP: 124/78

FH: CAD/COPD/DWI/ITN/CVA/None

Other:

Td:

UTD/Noncurrent/N/A

LMP:

Postmenopausal/ N/A

LAB/ XRAY / EKG

Assessment and Plan/Re-Assessment/Procedures

CFS  
severe depression  
Distorted view

Depression discussion in  
office  
Continue w fluids

RETURN

Discussion Held (Time)

45 min

DSB